

CHILD THERAPY

A CASEWORK SYMPOSIUM

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CHILD THERAPY

A CASEWORK SYMPOSIUM

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OF NEW YORK**

CHILD THERAPY

A CASEWORK SYMPOSIUM

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Introduction

THE CASE ILLUSTRATIONS AND DISCUSSION presented by several members of the staff of the Community Service Society of New York show what is, I believe, a significant trend in family casework. This trend is the practical application of psychoanalytical principles to the everyday problems of family living and behavior which are brought to an agency such as ours. Guidance or counseling, as it has recently been called, is no new function to the family agency; the newer emphasis lies in the fact that counseling for certain cases has been shifting more in the direction of psychotherapy and that children are now taken more fully into treatment.

Traditionally the family agency has concerned itself with the well-being of the child at home, but earlier efforts were largely in the areas of health care, social and environmental programs, and counseling the parent about the child. As the dynamics of family life are better understood, treatment can be offered for problems of parent-child interaction and of family balance and functioning. In their long experience with adults, caseworkers have become skilled in helping them in their role as parents. At the same time, early signs that children are reacting in a disturbed way can now be recognized. When they have already begun to internalize their problems, such children must be directly as well as indirectly treated, and this has brought caseworkers into the practice of therapy with the young child. The central fact of parent-child interaction remains, and parents must be involved if any treatment of children is to be successful, but the depth and nature of the work with either adult or child must be flexibly adjusted.

It will readily be seen from these cases that although principles of psychoanalytic therapy are fully drawn upon, there is no attempt to encroach upon the field of child analysis as such—or of psychiatry, for that matter. It will be obvious that an important aspect of psychotherapy, aside from the fact that both parent and child are involved, lies in the amount of social therapy utilized in the over-all picture. I should say also that, although psychotherapy is

carried on both with child and adult by the *caseworker*, this agency now has a chief psychiatric consultant and a number of other psychiatrists on part time for consultation on individual cases. Psychiatric seminars are a regular feature of the in-service training program. Supervision of the detailed treatment is, however, with few exceptions, a function of the senior casework staff.

Lucille Austin, a former Family Service staff member now with the New York School of Social Work, opens the symposium with an outline of the theoretical structure. Eleanor Clifton shows the use of therapy over five years with a young boy. Although this case covers an unusually long period for a private family agency, the preventive character of the treatment and the outcome may be suggestive for social agencies that carry protracted responsibilities. Patricia Sacks discusses and illustrates the use of diagnostic criteria for the identification and treatment of children showing early or reactive behavior disorders, and Elise de la Fontaine describes and discusses in detail the treatment of a seriously disturbed child and her mother. The staff members whose work provided the case material for these papers are Esther Ellsberg Osterman, formerly of the C.S.S. staff, Gertrude Leyendecker, Lola Bowman, and two of the authors—Eleanor Clifton and Patricia Sacks.

The illustrations, though by no means inclusive, suggest strategic points at which the family agency may offer therapy. The earlier the opportunity for intervention, the more likely is such treatment to be effective. While fully aware of the technical awkwardness and mistakes inevitable whenever a staff is acquiring knowledge and skill in new disciplines, I feel great confidence in the validity of this trend for the family agency as shown in these papers, and a certain pride in being able to introduce them for discussion and criticism.

Special acknowledgment should be made to Eleanor Clifton for extensive editorial work on the manuscript and integration of the papers and, finally, to Florence Hollis, now with the New York School of Social Work and formerly editor of F.S.A.A. publications, for stimulating, encouraging, and assisting the whole project.

ANNA KEMPSHALL, *Director, Family Service
Community Service Society of New York*

I. SOME PSYCHOANALYTIC PRINCIPLES UNDERLYING CASEWORK WITH CHILDREN

Lucille N. Austin

THE CASEWORKER IN A FAMILY AGENCY is increasingly interested in the ways in which family situations and interactions of family members affect the social adjustment of the individual. Underlying our approach to casework with children today is the concept also that the child is a person in his own right and not simply a reflection of his parents. The presence of children in the family affects the balance between husband and wife. Financial problems, illness of father or mother, marital conflict, desertions, and separations introduce conflict situations for children and often necessitate far-reaching changes in the child's life. Even the very young child has reactions and ideas about what is happening and what he would like. Recognition of this awareness creates a new perspective for parents and caseworkers.

Casework with children in family agencies has received varying amounts of attention. Much of the work with adults has been of value not only directly but also as it has improved the family setting of growing children. Often direct contacts have been planned with children in order to arrange for medical care, for camp and recreational opportunities, and for talks about school progress. This individualization sometimes has provided opportunities for observing to what extent the child's development has followed normal lines. But too often, even today, the children are known only as names on the face sheet, with a question mark at the end of the list substituting for the name of the last baby.

The family caseworker is in contact with families because they have problems. In many of these families bad reality conditions

exist. In many, the adults are people who have difficulty in assuming their roles of father or mother, husband or wife, either because of personal inadequacies or emotional imbalance. At times the caseworker's contact makes him a natural resource for the child. If the contact with the parent makes it impossible for the child to feel safe or friendly with the same worker, we may use a second worker, or refer the child to another agency offering appropriate service.

In the last ten years direct contacts with children have increased in the whole field of casework and new treatment methods have been formulated. A teamwork relationship with a psychiatrist, similar in some respects to the pattern developed in the child guidance clinics, is often required. Casework is the central discipline. Responsibility rests on the caseworker for recognizing when psychiatric consultation is needed and for integrating the psychiatric content into casework treatment. Some agencies have built up a panel of psychiatrists who are used either by appointment or through contracts for blocks of time. The psychiatrist sometimes comes to the agency office; at other times, however, consultations are held in his office. In addition to psychiatric consultation on individual cases, seminars given under agency auspices have become a familiar part of staff training.

The treatment methods presented here have been influenced largely by the absorption and integration of psychiatric knowledge built up in American child guidance clinics, by contact with child analysts, many of them Europeans trained under Anna Freud, and by our own day-by-day contact with families. Emphasis in the American child guidance clinic, particularly in its psychiatric social work aspect, has been upon the study of various types of parental relationships as they affect the child's psychological growth. Until recently, the child was viewed as a somewhat passive recipient of these relationships bestowed by fate, who developed responses in the action and reaction sense. This concept remains as a part of diagnosis today but it has been elaborated and extended by further knowledge of the nature of the child's total personality and particularly of ego development.

The child is, from birth, an active participant in the family scene and in his own destiny. He is not only acted upon and the object

of stimuli but is an active agent and a producer of stimuli. The old axiom that a problem child is a sign of a problem parent is not entirely true. Children's problems result from their own success or failure in mastering inner conflicts and integrating environmental situations as these are combined in different constellations throughout the stages of growth and maturation. Personality development is assisted or deterred by constitutional predispositions to strength or weakness—instinctual drives, native equipment of physical health and appearance, adequacy of intellectual endowment—and by the favorability of the environment, including parental support and socializing opportunities. Accidental factors in life's events such as the death of a parent, limited economic welfare resulting in impoverishment of opportunity, or a crippling illness also may jeopardize the child's chance to develop a healthy personality, irrespective of the "goodness" or "badness" of the parents.

The concept of the child as an active participant in his own fate is important not only in diagnosis but in providing the basis upon which direct treatment of the child is built—treatment with the objective of helping him strengthen his capacity to deal with his drives, his environment, and life's events, of helping him become more conscious of the kind of person he wants to be, and of increasing his awareness that he is not a victim but a person who has a choice about what he is and what he will make of his circumstances.

Casework with parents remains of great importance, but it becomes increasingly clear that children, particularly those over six years of age, can best be helped to overcome their problems when they themselves participate in modifying their behavior. This is so because their behavior patterns have already become a part of them, unconsciously motivated and incorporated into their character to greater or less degree. Some experimental work is being done with children under six but, in general, treatment with this group rests to a great extent with the parents.¹ From six years to adolescence casework is appropriately directed to parents and children simultaneously. In adolescence there is still need for casework with parents but emphasis increases on the responsibility of the child for his own self-development and final emancipation from his parents.

¹ For an illustration see Chapter VII.

Psychological Theory

The Freudian theory of the psychosexual development of the child has been traced in many books and articles.² New findings, particularly those embodying more knowledge of the development of the child's ego, make it important to recapitulate current theory. Understanding of this development has been the subject of recent research in the fields of psychoanalysis, education, and social work. Anna Freud's account in her book, *The Ego and the Mechanisms of Defence*,³ in 1937 was the first statement. More recently, Dr. Margaret S. Mahler's papers, "Ego Psychology Applied to Behavior Problems" and "Child Analysis,"⁴ and other articles have been published.

The personality structure changes in the successive years of childhood. The ego grows stronger and commands the integrative mechanisms that control anxiety aroused by inner and outer pressures. Primitive impulses are repressed or outmoded as new aims engage the child's energy. The superego is formed as the child incorporates the parental prohibitions. If the parental demands in child training have not aroused too much aggression in the child and if the oedipal wishes have been resolved so that the child is able to identify with the parent of the same sex, then the superego is healthy and a useful regulator.⁵ Later, the ego modifies and adapts these early rules to form a suitable code of behavior in line with standards appropriate to the individual's own particular life situation.

The child at first is weak and highly dependent on the mother physically and psychically. Differentiation begins as he is born into the outer world, feels discomfort, privation, or frustration in temperature changes, new feeding methods, and, ultimately, training demands. Nursing helps the child establish confidence in his perceptions of touch and smell as well as satisfy hunger. He feels

² See, among others, English and Pearson, *Common Neuroses of Children and Adults*, W. W. Norton & Co., New York, 1937; Florence Hollis, *Social Case Work in Practice*, Family Welfare Association of America, New York, 1939, Chapter VIII.

³ Hogarth Press, London.

⁴ *Modern Trends in Child Psychiatry*, International Universities Press, New York, 1945, pp. 43 and 265.

⁵ See Alice Balint, "Identification," *The Year Book of Psychoanalysis*, Vol. I, International Universities Press, New York, 1945, p. 317.

pleasurable sensations, discovers his body, becomes aware of mother, father, siblings. He feels his power as his cries bring his mother to him. As he senses concern about his welfare he becomes aware of his own worth. He learns to stand tension because in due time his needs *are* met.

At first the child likes people for the use they are to him. Gradually he makes concessions as the parents' love makes it pleasant to please them. This egocentric beginning makes the step toward relationship to others in the more social sense slow and uncertain. If the parents give love ambivalently, "I'll do this for you only if you do this for me," the bargaining basis so set up interferes with healthy socialization.

As the child becomes more active he achieves more independence, if this is encouraged. After the first year he increasingly develops his own abilities—walking, talking, dressing himself. When toilet training is wisely handled the child finds pleasure in being clean and gains a sense of achievement without loss of the feeling that bodily processes are natural. If training is imposed too early or too insistently—that is, before physiological or psychological readiness—it arouses resistance and fosters such character traits as obstinacy, hoarding, or too great passivity. Parental consistency, firmness, and warmth in these years make possible a friendly, optimistic personality.

A child gains independence through mastering new experiences when he is psychologically and physically ready to do so and is given the opportunity to learn in a secure atmosphere. A child's sense of himself and of his own individuality gradually becomes real to him. As he gains greater command of his motor activity he becomes increasingly aware of his separate physical being, and as his mind develops he gradually becomes aware of his own reactions and of his perceptions of other people and things in a world that exists outside and beyond him.

In the first four years the child gradually develops relationships to each parent separately. At first these are chiefly of a dependent nature. Between two and four, some beginning elements of identification with the parent of the same sex emerge. Father-son or mother-daughter relationships begin to emphasize differences in the sexes. The child's own observation of physical differences, of

variations in clothing, and of some differences in feminine and masculine interests prepare him for the next important step of establishing his psychological acceptance of his own sex.

The oedipal period (from about three and a half to six years) brings the problem of sexuality to the foreground. The child is bisexual, having both masculine and feminine physical characteristics and developing both feminine and masculine psychological tendencies through his identifications with both parents. Either tendency can be emphasized. As his own sex becomes clearer to him, he feels himself in a new relationship to the parent of the opposite sex. The little boy senses a new element in his relationship to the mother, the girl to the father. Romantic fantasies develop and this is the time that the little girl announces that she will marry daddy. Masturbation increases at this time as a means of discharging tension and sexual feeling about the love object, as well as anger over the frustration caused by the parent who stands between him and his wish. The child's feeling toward the parent of the same sex is fraught with anxiety because he loves that parent too and yet does not know how to integrate the love with the strong negative rivalry feeling. The way he is treated by the parents at this time is of paramount importance. If the rival parent continues to love him and does not get angry, the child is reassured. If the parent who is the love object is neither forbidding nor seductive and helps him see more clearly his place in the family without making him guilty over wanting something he cannot have, he can more readily give up his misplaced aims and move forward from his oedipal attachment to a new identification with the parent of the same sex. He comes to realize that while he cannot take his father's place he can grow up to be a man like him and find a wife for himself with his father's approval. Frustrations cannot be avoided in this period but they can be mastered constructively.

If for any reason the child cannot feel at peace with his own sexuality at this time, he may turn back to an ambivalent dependent relationship on the parent of the same sex, thereby thwarting normal psychosexual development, with resultant adult problems of frigidity, impotence, and other sexual maladjustments. Homosexuality is a problem of distorted parental relationships and is not now regarded as a pathological disease entity. The child's psychological develop-

ment as an adequate adult rests primarily on the successful outcome of this oedipal struggle.

As the oedipal struggle subsides the child enters the latency period (from about six to ten). He then is ready to direct his energies toward his school work and social activities. His instinctual drives are in hand and his superego is functioning so that he can govern his own behavior. Through increased experience with reality situations he is learning what gratification he can have. He is becoming a part of groups of children and beginning to take leadership. School, teachers, and friends begin to displace his close ties to his family. His attention span lengthens and his manners improve. The latency child is strongly moralistic and intolerant of deviations because he has so recently gained control over his own impulses. Games are played to rules and there is an emphasis on fair play. Some ritualistic behavior is normal in this period. Rituals appear in counting games, in jumping rope and bouncing balls in a particular sequence. The superstition "step on a crack, break your mother's back" shows the ego's prohibition against a forbidden impulse and the effort to master it.

In pre-adolescence (from about ten to twelve years) the child typically becomes more hostilely aggressive as the inner drives are stirred up again by bodily growth changes and as social pressures demand more insistently that the child act in a grown-up fashion. Boys and girls nag each other. The girls are tomboys, the boys flaunt their strength because they are not sure of themselves. Dirty words appear and manners disappear. The ego, however, has a new ally in the strength mobilized in the latency period. This is an important factor in helping the child enter the stormy period of adolescence.

Adolescence (from about twelve to sixteen) brings the central problem of emancipation and psychosexual integration.⁶ This period involves the reliving of the oedipal struggle and the final working through of the sexual ties to the parent of the opposite sex. Sexual maturation arouses fear. Flippancy covers the adolescent's uncertainty about his own worth and whether he is loved and can make a

⁶ See especially Helene Deutsch, *Psychology of Women*, Vol. I, Grune and Stratton, New York, 1944; Caroline Zachry, *Emotion and Conduct in Adolescence*, D. Appleton-Century, New York, 1940; Anna Freud, *op. cit.*, Chapters XI and XII.

place for himself. Boys go in for sports to prove their strength and girls work to improve their appearance. The child's need for companions of his own age and sex is great because he needs reassurance about himself and because competition with the parent of the same sex makes it impossible for him to be close to that parent. Masturbation and sometimes sexual intercourse are used as means of discharging tension. Sexual relationships are unsatisfactory because the boys and girls are not ready for mature object love relationships. Not until they achieve this maturity can they enjoy the broad friendships with members of the opposite sex which form the real basis for later courtship and marriage. This maturity comes through a comfortable relationship with the parent of the same sex.

During adolescence, increased intellectualization, interest in causes that defend the underdog, daydreams, reading and writing poetry and romantic stories carry the weight of the ego's efforts to reconcile underlying fantasies with reality channels for expression. When sublimation can be achieved, it is a period rich in imaginative and creative energy. Throughout these years of growth, reality testing, happy experiences with parents, and socializing experiences aid the child's character formation. The ego is being strengthened. The guiding principles of life expressed in the ego ideal—"what I would like to be"—tend to become firm but benevolent, and the underlying drives become sources of constructive energy because they have found a means of acceptable social expression.

Defense Mechanisms

Understanding the "defense mechanisms" is important for the caseworker because these are a clue to diagnosis and because they must become a focal point of treatment as the child is helped to work through his behavior difficulties.⁷

Anna Freud says the term "defense" is the earliest representative of the dynamic standpoint in psychoanalytic theory.⁸ It was used

⁷ For a fuller discussion of the defenses see Anna Freud, *The Ego and the Mechanisms of Defence*, Hogarth Press, London, 1937; Otto Fenichel, *The Psychoanalytic Theory of Neurosis*, W. W. Norton & Co., New York, 1945, Chapters VII-X. The writer is also indebted to unpublished notes from seminars with Dr. Adelaide Johnson, Chicago; Dr. Margaret S. Mahler, New York; and Dr. Lillian Malcove, New York, for amplification and clarification of theory.

⁸ Anna Freud, *op. cit.*, Chapter IV.

by Sigmund Freud in 1894 to describe the ego's struggle against painful or unendurable ideas or affects. The defense mechanisms are behavior responses organized into a definite pattern to meet a specific danger. Neurotic and psychotic symptoms too are defensive measures as are other processes at the disposal of the ego, but these are differentiated from the defense mechanisms. This concept further demonstrates the purposefulness of behavior and indicates possibilities for change which are not inherent in a more static explanation of character traits.

The defense mechanisms are indispensable to the ego and are often the first resource called into operation when danger situations threaten. Their positive usefulness to the personality has led some analysts to prefer the term "adaptive mechanisms" to defense mechanisms. They become abnormal, however, when they are used inappropriately or to too great a degree. A few are almost always viewed as harmful. Others, like denial for instance, are normally used frequently in the early periods of childhood but are less appropriate at a later stage when the ego has been strengthened by increased contact with reality and is able to appreciate discrepancies not apparent to the young child.

In the treatment of children the observation and understanding of the defense mechanisms are important because they give clues to the child's real feelings and the conflicts threatening his ego.

The child who feels jealousy of a sibling is in conflict because the superego says this is a bad feeling but the id reacts primitively with the urge to get rid of the unwelcome intruder. The ego must deal with the anxiety aroused by these conflicting pressures and does so by the use of defense mechanisms. We understand the intensity of the child's feeling of anger when we observe his extreme efforts to convince us he loves the baby more than anything in the world ("reversal") or when he begins to tease the cat ("displacement"). If we did not recognize these defensive responses we could easily be misled and fail to understand the child's need and the danger to the ego. A literal response to such reactions on the part of the child would place a further burden on the ego, driving it to continued and more involved defenses further separating the child from the parents or, in the treatment situation, from the therapist.

The defenses, expressed as behavior reactions, frequently bring the child criticism from adults and may be the reason that treatment is sought. Rationalization and denial are taken for lying, projection as cowardice and failure to take responsibility, identification with the aggressor as unnecessary pugnaciousness, and so on. Some defenses such as rigid repression, altruistic surrender, and reversal bring commendation but we know they often interfere with healthy character development because they are distortions, and energy is consumed in maintaining them.

Many of the defensive operations are relinquished with relative ease by the young child, but if left untouched they become the more fixed character traits of the adult. In treatment of children one of the first areas of work lies in helping the patient see how some of these reactions bring trouble in the long run and are the expressions of his unhappiness and fear rather than well selected methods for dealing with reality.

The type of defense may also be one indication of the kind of neurosis or psychosis, actual or potential, which may be threatening the individual. Repression is most commonly associated with hysteria, isolation and undoing with obsessional neurosis. Recognition of the character and extent of the defenses serves as an important clue in diagnosing the seriousness of the child's problem and in determining the treatment method.

At the risk of oversimplification, I am listing the defense mechanisms and attempting to describe them briefly. Common mechanisms that have been identified are: rationalization, repression, reaction formation, reversal, regression, projection, introjection, sublimation, turning against the self, restriction of the ego or avoidance, denial in fantasy or act, identification with the aggressor, displacement, altruistic surrender, undoing, isolation, wit and humor, daydreams and night dreams.

Rationalization: The ego avoids the truth and makes up an explanation of the behavior that suits the conscience. "I only wanted to show him how to play" wails Mary when mother finds her taking toys away from the baby. This mechanism is used very early and to some degree continuously throughout life when the ego is temporarily unable to perceive and face the true facts.

Repression: Repression is the most helpful and yet can be the most dangerous of all the mechanisms because a dissociation from the ego is accomplished. The ego turns back the original drive and succeeds in "forgetting" that the impulse existed. Children and adults alike have buried the memories of earlier aggressive and sexual thoughts and actions. This is a necessary and constructive result when it is not forced too early in the different stages of development or imposed by too severe demands in the cultural training of the child.

Reaction Formation: Successful reaction formation is one of the most important measures adopted by the ego as a permanent protection against the id. Nothing remains of the original impulse, only the acceptable new characteristic. The child really loves his sibling whom he hated at first. The ego turns the forbidden impulse into its direct opposite. If the impulse is to be dirty, cleanliness is emphasized.

Reversal: This is an unsuccessful reaction formation against a forbidden feeling. It is obsessional in character. If the impulse is to be dirty, cleanliness is *overemphasized*; *excessive* tenderness replaces jealousy.

Regression: The ego turns to an earlier pattern of action. Children in the presence of a new sibling lose their grown-up ways and act as they did in earlier periods because they are not sure their new patterns will hold the parents' love as surely. This is a normal mechanism in children, and in adults when it is used temporarily in response to traumatic events calling forth reactive responses.

Projection: Responsibility and blame for one's behavior is placed outside oneself. "It's not my fault, Johnny made me do it." A certain amount of projection at moments of ego weakness falls within the normal range but this mechanism reaches abnormal proportions when used extensively and when the ego is consistently unable to correct distortion.

Introjection: The ego feels too threatened to stand alone and links itself through identification with a strong parent, a favored companion, a hero, to borrow strength. This is a useful thing to do as a transitory phase but it is harmful when it is used in lieu of developing the child's own individuality.

Sublimation: The ego directs primitive feeling into acceptable activity. Impulses to smear are utilized in painting; daydreaming and fantasies are used in writing and in other imaginative activities. This is one of the healthiest solutions for the primitive impulses and one of the hardest to achieve.

Turning against the Self: The ego expresses against the self hostility aroused toward others. "I hate myself, I am no good." Accidents frequently happen when one is angry at another and the impulse to hurt is turned back against oneself. This is the mechanism in depressions and suicides. It is always an unhealthy defense and is found frequently in neurosis and psychosis.

Restriction of the Ego or Avoidance: The ego turns away from experiences. The child does not even try out for athletics or dramatics or fails to develop his natural talents. It is important to detect this mechanism at its inception so that the child will make his choice of activities on a real basis of interest and capacity.

Denial in Fantasy or Act: The ego refuses to grant the reality and acts and thinks in ways that prove it is not so. A child left alone and feeling afraid dresses himself in his soldier suit and smokes his father's pipe. In fantasy he is a strong man, not a helpless child deserted by the parents.

Identification with the Aggressor: The ego identifies with the feared and hated person and acts out the aggression on someone else. It is safer to hurt than to be hurt. The child who is hurt by the dentist goes home and plays dentist, hurting another child as he was hurt. This mechanism is used primarily in childhood when the child actually is weak and small and limited in real ways to express his fear and aggression.

Displacement: The ego places the feeling on something other than the original person or act. The child is angry with his mother but carries it over and lets it out on his teacher instead. Again the stronger ego is able to place feelings correctly and to discard this mechanism except as an interim reaction.

Altruistic Surrender: The ego renounces its desires, gives up, and lives through the hated person. In rivalry situations, between siblings, one child frequently lives in the reflected glory of the other, not daring to enter into competition because the feeling of wanting to win and annihilate the other is too strong. "If I let on how

much I want to win I will lose out. I cannot succeed so I will enjoy the success of my rival."

Undoing: This is a neurotic mechanism associated with compulsive neurosis. The emphasis is on the doing, as well as on the undoing. The child continues to do the forbidden thing without conscious guilt because he makes atonement. The handwashing ritual is the classic example. This mechanism is not to be confused with the successful development of the superego which makes the child feel properly guilty and makes him want to make amends for his wrongdoing.

Isolation: The ego resorts to repressive techniques so that the individual can think and do hostile things without feeling the appropriate accompanying emotions. This mechanism is more common in the compulsion neuroses and in schizophrenia. A child speaking of horrible cruelties with a smile on his face impresses one with the inappropriateness of his affect.

Wit and Humor: The ego skirts the fringe of forbidden things, expressing with a light touch impulses that would not be tolerated in seriousness. This is a widely used and often useful mechanism, providing a legitimate lightening of the pressures which surround the ego. Used to excess or too aggressively it too can become a handicap rather than an asset.

Daydreams: The ego transcends reality and makes things happen as it wants them. This too is a normal mechanism when used to lighten pressures. It becomes unhealthy when the imaginary world becomes a substitute for living in the real world.

Night Dreams: The ego relaxes and permits forbidden thoughts and acts because it is only a "dream." The disguise is usually still fairly elaborate. Children and adults dream normally often without remembering the content, without a sense of conflict. Nightmares, however, are dreams related to neurotic fears.

Intellectual Development

Knowledge of the mental processes at different age levels is important because the intellect is the means of integrating feelings and experiences into a rational approach to life. Communication with the child as a perceiving, thinking, and reasoning person is the

basis of our contact. Thought and language have different ingredients in the early years from those they have later on. At first the child has no language or conscious thoughts. He feels and expresses affect through spells of crying, temper, or laughter. He makes signs and gestures, and through early play activity expresses fantasies as they form in relation to immediate experiences. Language develops slowly through association of sound and object in the training period and later educational processes.

In fantasies, an early form of thinking, the child's perceptions are highly colored by his introspective world of feeling. Cognitive behavior, awareness of feelings, thoughts, and objects become an important connection between himself and the outside world and lay the groundwork for reasoning. Particular attention must be given to the way that magical thought, animism, and omnipotent fantasies allow the child to block out many problems and at the same time create others through distortion and exaggeration. The undeveloped sensory perceptions, too, make fears and imaginings more powerful factors than they could otherwise be. A curtain blowing in the wind looks like a ghost, is a ghost, and fears mount proportionately.

As the child gains more experience he puts things together and sorts out his impressions, and objective thinking begins to emerge. Fantasies are modified as his intelligence develops and as his inner life is connected with experience and action. At the same time his "imaginative play builds a bridge by which the child can pass from the symbolic values of things to an active inquiry into their real construction and real way of working."⁹

In the light of these things the much discussed use of play in treatment of children becomes clearer to us. "Psychoanalytic studies of little children, moreover, have shown how in their free dramatic play children work out their inner conflicts in an external field, thus lessening the pressure of inner conflict, and diminishing guilt and anxiety. . . . [This] makes it easier for the child to control his real behavior and to accept the limitations of the real world. In other words, it furthers the development of the ego and of the sense of reality. It helps to free the child from his first personal schemas

⁹ Susan Isaacs, *Intellectual Growth in Young Children*, Harcourt Brace & Co., New York, 1930, p. 102.

and to enhance his readiness to understand the objective physical world for its own sake."¹⁰

We assume that play is a child's natural means of expression, so much so that if a child does not play we note it as a sign of disturbance. Contact with children under ten involves play in its various forms according to personal capacities and interests. It is useful diagnostically as it portrays thoughts and feelings, and therapeutically as it affords the child a way of discharging tension and a means of acting out ideas and conflicts that he cannot as yet reason out and express verbally. "Play therapy" has been loosely used as an over-all term for describing any relationship between a therapist and a child where play is used. Play may be used by anyone working with children, but in therapy it is interpreted and directed according to the theoretical assumptions underlying the techniques of the educator or therapist.¹¹

In the method described in this book, play is used as a means of establishing relationships and is understood as the young child's way of expressing his problem. The aim in treatment is to help the child express his problem in play and to experience a shared understanding of its meaning rather than to view the play as an end in itself.¹²

The thoughts of little children tolerate contradictions. The child is logical from his own point of view. Not until education gives him an accumulation of objective facts does he change his premises and come into line with adult logic. Capacity for abstract thinking follows concrete reasoning based on immediate personal experiences. Verbalization increases throughout the years up to ten and forms a new link in relationships to people and experience. Anna Freud explains that little children are alert and quick to learn, largely stimulated by sexual curiosity until that subject becomes taboo. "In the latency period children not only do not indulge in abstract thought; they have no need to do so. Infancy and puberty are periods of instinctual danger and the 'intelligence' which characterizes them serves at least in part to assist the subject to surmount

¹⁰ *Ibid.*

¹¹ There is an interesting discussion of this subject in Frederick Allen's *Psychotherapy with Children*, W. W. Norton & Co., New York, 1942, Chapter V, p. 122.

¹² For further discussion see Chapter VI.

that danger. In latency and adult life, on the other hand, the ego is relatively strong and can without detriment to the individual relax its efforts to intellectualize the instinctual process. . . . The intellectual work performed by the ego during the latency period and in adult life is incomparably more reliable and, above all, much more closely connected with action"¹³ than the intellectual feats of childhood or the brilliance of adolescence.

The Casework Process

The three main areas that emerge for emphasis in the theory of the child's psychosocial adjustment are: (1) the child's innate equipment of mind, physical endowment, and biological drives, (2) the outside world which imposes the medium in which he grows, and (3) the child's native awareness and feelings which affect his experiences with people and his contact with the physical environment, and are themselves changed and developed by such experience.

A most important factor in casework with children is that the child is still in the process of growth. This gives weight to consideration of the environment in which he is growing. Casework with children quite naturally leads to increased interest in the development of resources and the expansion of a positive social program, such as good housing, good schools, good playgrounds, adequate health facilities, improved standards of living for all families. The development of public assistance in its aspect of financial aid to families in their own homes had as its forerunner the emphasis in private family agencies on keeping families together. The whole development of the homemaking service in family and children's agencies is an example of changed planning on the basis of the knowledge that children suffer if they are uprooted from their homes and familiar neighborhoods in times of family crises. Interviewing alone and exclusive emphasis on the casework relationship cannot be effective if the environment is too pathological.

Obviously some guides must be developed for the selection of children for casework attention. When caseworkers first started to work with children who had problems they had few norms by which

¹³ Anna Freud, *op. cit.*, p. 180.

they could judge pathology. First impressions that certain behavior was abnormal were modified as evidence proved the response to be a normal manifestation for a particular age and stage of development. Certain responses, taken for granted or thought to be of only passing significance, came to be viewed as danger signs or actual symptoms of disturbance in need of immediate treatment. More definitive criteria for assessing normal behavior and normal problems of children are emerging in all professions working with children. This subject is one on which further research is necessary. What must we take into account in deciding which children need our assistance?

1. If we are to help a child understand and integrate environmental experiences, we must consider his age and stage of emotional development. These are important if we would evaluate and anticipate danger situations for him in his environment. When he is little and dependence on the parents for love is at its height, any disruption of the security he has with them is threatening. For example, when he is in the midst of hostile feelings toward one of the parents, separation through desertion or death of this parent is more traumatic than at other periods of his development. When he is concerned about his body as a result of preoccupation with sexual activities, health measures such as operations, injections, and so on may represent punishment to him rather than sympathetic attention. The same things happening at other times may not have the same connotation.

2. A study of ego strengths, the evaluation of the child's way of meeting difficulties, also yields pertinent data. Some children in the midst of bad situations stand out as unusually well adjusted. Trouble signs can be detected in the unhealthy use of defense mechanisms, the presence of neurotic symptoms, fears, rituals, tics, and aggressive or anti-social behavior. The signs of a too strong conscience or the absence of a conscience must be assessed as important because the conscience marks the child's taking over of self-direction. When the final stages of a comfortable maturity have been achieved, the conscience does not dominate the ego, but instead is guided by it. The social study based on observation, parents' accounts, and direct contact with the child will include data in these areas. The social study will sometimes need to be supple-

mented by special psychiatric and physical examinations or psychological tests.

3. Certain environmental situations especially endanger the child's growth; for example, neurotic, delinquent, and psychotic parents, the absence of one parent or both parents from the home, extreme financial deprivation with its many concomitants—inadequate food, unattractive clothing, poor medical care, poor housing, bad neighborhoods. Situations that arouse and stimulate the child's sexuality and aggression before the ego is strong enough to deal with them are frequently precipitating factors in the formation of personality disorders. The loss of love associated with many of the factors listed above deprives the child of necessary support for emotional growth.

Casework treatment of individual children who are threatened by or reacting to bad environmental situations may have three possible purposes: (1) to spare the child through postponement or obviation of the unfavorable circumstances; (2) to prepare the child for an experience that can be anticipated; or (3) to help the child understand and absorb his reactions to a traumatic experience as soon as possible after its occurrence in order to prevent unhealthy repressions and fixations.

Some of this work will be done through sensitizing parents to the significance of certain events in the child's life. Some parental efforts will need to be supplemented by direct work with the child when parents are unable to assume the responsibility. Even when there is a good parent-child relationship the child may need the caseworker because he is too fearful to reveal his thoughts to his parents. This is so because many of his fears and fantasies stem from his strong feelings about his parents even when they are good and kind.

Children who have developed behavior problems that go beyond transitory reactions require some type of psychotherapeutic treatment which may be undertaken by a caseworker. At our present stage of development, psychiatric consultation is usually advisable. This may vary from occasional diagnostic consultations to detailed guidance by a child analyst. Psychotherapy involves techniques needed for maintaining a suitably controlled relationship, developing

fantasy material, dealing with feelings and ideas not acceptable outside the treatment situation, interpretations of the meaning of feeling, thoughts, and behavior not clear to the child, as well as those essential for supportive environmental planning. These points will be demonstrated in the cases described later in this book.

Casework with children, whether of an intensified psychological nature or a simple contact between a child and a friendly adult who knows him and his family, has several characteristic techniques that differ in kind or degree from casework with adults. From child analysis and from psychotherapeutic casework treatment of children we have learned a great deal that is applicable to any work with the child.

The character of the relationship that can be developed with children differs from the type of relationship developed with adults because the child is still reacting directly to his parents with whom he lives instead of in retrospect as in the case of adults. The parents are the most important people to the child. The caseworker may be viewed by the child suspiciously because he is thought to be on the parents' side—another adult like them who does not understand. When the caseworker does understand, the child's loyalty to his parents is jeopardized. The child needs help in relating to the caseworker at the time when his relationship to his parents is still of primary importance. This is most easily done when the parents approve of the child's visits to the caseworker and can reassure him that it is all right to have another friend. Because of their own instability and ambivalence, children have difficulty in seeing how one can love more than one person at a time. To love one person means not to like the other. As a natural growth process, a child can be helped to see that he can love both father and mother and that neither is jealous when he feels close to the other.

In a casework relationship that includes the child, parents can be helped to see the child's need for contacts with adults outside the family group. Families in general recognize this. It is only when the treatment situation threatens the parent by emphasizing his failure and thus making him guilty, or when his hostility is aroused by the implication that the caseworker will be a better parent than he, that he tends to wish he had never mentioned the problem to the caseworker.

The child in conflict with his parents exploits the worker by telling his parents he loves the worker. The worker lets him do what the parents forbid, and so on. Where jealousy, competition, and negative feelings are predominant in the parent-child relationship, it is often helpful to have separate workers for parent and child. The parents' caseworker must prepare them for some of the phases that can be anticipated and help them work through reactions as they occur.

In any work with children the caseworker's attitudes toward parents must be under control. If the caseworker has not resolved his own hostility to parents, if he is trying to take the child from the mother, be better to him, and so on, treatment will fail not only because the parent will sabotage treatment or remove the child from it but because the child may become a pawn of the caseworker, encouraged in his rebellion instead of being helped to come to terms with it; he may, under such circumstances, flee back to the parent as the person to whom his real loyalty belongs. Only in situations where the child is to be permanently removed from the home and must be weaned from the parent who wholeheartedly rejects him can the caseworker encourage full expression of his negative feelings. The reality in other situations is that the child is frequently angry without actual provocation or that, even where there is considerable provocation, the anger is due to factors that can be tolerated by the child when he ceases to need perfect parents and unbounded gratification. The adolescent is less dependent on the parents and, in keeping with the natural struggle for independence in this period, the caseworker can promote a greater alliance with the child, not on an emotional basis but in line with his greater ego development and the real social situation. Work with the parents would then be in the direction of lessening the ties and encouraging self-direction.

The treatment situation with children is less formal than with adults. It is unnatural for the child to sit before the desk of the worker or to pursue his problems with consistency and concentrated energy. The use of play material suited to his age and the freedom of an interviewing room where furniture, pictures, and so on indicate that children are welcome, are important. The worker's familiarity with the child's life—favorite radio programs, comic

books, games, literature, phraseology—is important in establishing a bond. The gaps between the adult and child are great at best and if the child must explain every character on the radio or every slang word, the strain is too great and the sense of an alien person is strengthened. In talking about himself, the child with a problem comes with a sense of his own unhappiness, or that others are against him, or with his wants in the foreground colored by the frustrations he has encountered. He does not have a sense of a problem or of sickness in the psychological sense. In the early contact he must be helped to understand why he is coming or the contact will reach a stalemate. This does not mean, however, that we can expect even the older child to be completely absorbed in his “problems.” School work, club activities, movies, sports—all compete and the caseworker as a friend encourages the activities and talks about them. These pleasant times help to carry the treatment through the difficult periods.

The question of money and gifts, along with trips to movies and so on, represents another point of difference between casework with adults and casework with children. Children naturally expect gifts as a sign that adults like them. Lacking capacity for abstract reasoning, love is equated with gifts and concrete expressions. Like play, they are a natural part of a child’s relationship to adults and have value and meaning in any contact. As the child grows older and capacity for relationship develops, the dependence of the child on gifts and personal attentions is lessened, but it never disappears in the period of childhood. Trips to movies, attendance at school programs, visits to the child when ill at home or in the hospital—all are natural ways of participating in the child’s world and form the fabric of a relationship with any child. As we have said before, this cannot be sustained alone by “talk about a problem” or by abstract reassurance that the worker is his friend.

Because the ego is weak, because the child maintains himself against the adult, interpretations must be made gently and often indirectly, via games and story telling about similar but disguised situations. The caseworker frequently carries on a monologue even when the child seems indifferent—making suggestions of how a child might feel, thus giving permission for the child to feel and express his own ideas and fears.

The caseworker must be in touch with the child's environment through contact with the parents and collateral visits with teachers, camp leaders, and others who know him. The child cannot be relied on as a source of valid information because he is not old enough to judge conditions objectively and because he is emotionally involved. Usually these collateral contacts are more advantageously planned with the consent of the child although such contacts are sometimes made without the knowledge of the young child.

The techniques of helping the child recognize his part in the problem situation, helping him to develop new and more positive ways of handling his feelings and behavior, introduce a new leverage into many tense family situations. The emphasis diagnostically that the child is partly responsible for the conflict relieves the parent's guilt and makes him more accessible and more ready to make concessions. Actual changes in the child's behavior bring a more positive response from the parent, even if grudgingly at first, and thus the negative circular response is interrupted. Heretofore many situations were thought untreatable because the child was not reached through treatment of the parent. This in turn failed because the parent could not accept emotionally and did not agree intellectually with the idea that he alone was the negative factor. Such situations are more likely to yield to the new approach in which it is recognized that responsibility is mutual.

The emphasis on casework with the child in this paper does not diminish the importance of casework with the parent. Without the latter, little of the former can be accomplished. Parental bonds are the strongest of any in life. Parents are people and, as children, once themselves passed through similar emotional and life experiences. Their hopes and fears based on underlying fantasies are strong components in determining through the affective relationship the role the child will play consciously or unconsciously. Each case of child treatment includes consideration also of the parent's treatment needs and of his part in the child's treatment.

Our refocusing of the treatment goal in our work with children implies the need for methods that are psychotherapeutically oriented and based on an understanding of a dynamic theory of child psychology. It also implies that we must rethink the division of labor in social agencies and psychiatric clinics, and the interrelationships

between casework and child psychiatry. In some ways current developments in casework with children may be said to parallel developments in casework with adults. In the twenties, when the mental hygiene movement gained its foothold in casework and the personality aspects of adult problems were seen for the first time, treatment of such problems was thought to be the province of the psychiatrist. In the subsequent co-operative work of psychiatric clinics and workers in non-clinical agencies, there gradually developed a body of knowledge and some treatment methods which were incorporated into generic casework diagnosis and treatment. This process has continued so that the selection of cases for casework and/or psychiatric treatment rests on criteria the caseworker sometimes applies independently and sometimes in consultation with a psychiatrist.

It frequently happens that work which starts in a specialized setting and as a special project develops to the point where it can be absorbed into the main stream of an agency's work. This is happening in casework with children in that this work, which has a base in clinical knowledge and frequently needs the clinical control of the child psychiatrist, has moved from the formal clinical setting into the casework agency. It has been demonstrated that the necessary complements of psychiatric, medical, and psychological resources which formerly existed in the clinic under one roof can be used to advantage when they are separate services in the community. Greater responsibility, of course, must be assumed by the caseworker in synthesizing the contributions of the specialties.

The needs of children are many and the type of work described in these papers should be further tested and developed by responsible agencies in the field of social casework.

II. TREATMENT IN SUPPORT OF NORMAL GROWTH PROCESSES

Eleanor Clifton

THE LONG-TIME CASE HAS ALWAYS TENDED to carry a disquieting connotation for the family caseworker, perhaps because many such cases have presented problems that persisted with grim tenacity or recurred discouragingly. Chronic illness, mental defect or disease, financial need that could not be terminated by self-support, serious delinquency, alcoholism, the perennial predicaments into which the psychopathic individual maneuvers himself—all these hazards and many others frustrated our patient, well-intentioned efforts. It has been only with sharpened diagnostic skill and clarity as to goals that we have surmounted much of our anxiety and skepticism.

We are increasingly able to sort out those situations which, at the present time, casework cannot modify. This enables us to interpret our limitations to the community when we face the demand that “something be done about this terrible situation” and often to make suggestions about an appropriate agency that can act. We can also determine which situations warrant our assuming a supportive role to prevent further breakdown in an individual or a family, or to help the more treatable members of the group tolerate the destructive factor in their lives. Where we are diagnostically clear as to the needs and strengths of such individuals or family groups and where we and they can participate in working toward a goal, however partial and modest, we are less likely to drift along in an unproductive relationship or to feel defeated because everything has not been set right.

Our supportive role is often assumed in the interest of children in a troubled home. Family situations range from those where the

parents are so disturbed, unstable, or delinquent that removal of the child from the home is considered, to those where there is a core of normal, healthy family relationships despite besetting problems. In even the gravest situation, it is not always possible to remove the child from the family. Over and above the lack of placement facilities, there exists in some families a tenacious desire to stick together. The parents may cling to the child desperately as the object of their unhealthy impulses or, amid the turmoil of their emotions, there may be real love for him. The child, too, may not accept removal from his home. To him the inadequate, indulgent mother, the alcoholic or delinquent father may be more satisfying for the time at least than the finest foster parents the community offers. Except in cases of gross neglect or abuse or serious reactions of a child to family problems, we have come to consider placement a last resort—a major operation. Even where this is clearly indicated, we may need to spend months helping the child and his parents accept the plan sufficiently to make it workable.

In situations where placement, though desirable, cannot be effected, we have had some success in substituting long-time treatment within the family group. Such treatment may yield small returns so far as basically changing the parents is concerned. We have, however, seen many an infantile, inadequate mother, depleted by her own unhappy, deprived childhood, gather new strength from a caseworker. As she discovers someone who accepts her, likes her, and meets some of her material and emotional needs, she builds up a store of satisfactions which she can gradually share with her child. She also accepts increasingly the patient guidance the caseworker gives and, relieved of the fear of criticism, is better able to learn new ways of handling her child.

We often work directly with the child himself, building into his life the security and satisfactions he lacks so that his capacity to cope with the hazards of his day-by-day living is reinforced. We find it important to proceed with the utmost skill and sensitivity in these situations, so that we may strengthen the weak or faulty ties between child and parent and add elements that are lacking, rather than become the fairy godmother with whom the parent can never compete in tolerance, generosity, and understanding. The difficulties involved are many. The participation of the parents at the start

may be no more than grudging consent to the child's contact with the caseworker. Often, though unable to change, they are painfully aware of their own inadequacies or deviations. Their suspicion of the stronger, more adequate caseworker is not easily allayed. The child, at the same time, makes a potent appeal to us by his helplessness or vulnerability in a family situation beset with deprivation and turmoil. He wants or even asks us to give him all that he lacks—material things, understanding, and love. If the already precarious balance of his family relationships is not to be seriously upset, we must constantly watch and check our impulse to give unstintingly, to make up to him for what he lacks.

Our long-time casework with children has not been limited to families in which grave hazards exist. Many of the children with whom we work are in so-called "average families." There are no stark deprivations, no gross disturbances, no seriously snarled relationships. The threats to the child's security are those that may come to any family. Some are handled wisely and sympathetically by the parents themselves. Others are beyond the parents' ability to manage. These problems are often brought to us by the parents, who have learned to trust our skill and seek us out as friends in need at times when the going becomes hard.

We have felt this phase of our casework worth while not only because of its constructive value to the children but because of the opportunity it has given us to observe these children from a relatively early age to adolescence. We have been able to help them surmount the more common mischances and anxieties that beset the so-called "average family" and we have had a chance to see some of the value of our counseling service for parents who have a basically good relationship with their children but who need guidance in handling specific problems that arise. Too often the social agency is associated in the mind of the community with people's gross problems or extreme inadequacy. This misconception may be gradually corrected if we are able to demonstrate our helpfulness to those who are known as average neighborhood families and who turn to us as naturally and freely as they would to their family doctor.

These cases, to be sure, while generally free from the stigmata of pathology and poor prognosis, may raise questions in relation to the expenditure of time and effort by the casework agency. Can

we afford this in the face of our many pressures from people in acute trouble and from our supporting community, which would have us serve many and serve them quickly? If we are realistic we know that we shall have to budget carefully our investment in long-time service. Otherwise, we may find ourselves without leeway to give the essential help that people may sorely need at a crucial point in their lives. In our planning, we shall need to use our maximum diagnostic skill in determining how many and which long-time services to children we can carry in relation to our total case loads, and to utilize what we learn from them in handling short-time cases more expeditiously and effectively. If our over-all goal is to provide service of lasting value to human beings rather than to rest our case on quantity alone, we shall inevitably have to grant that assistance in normal growth processes has a respectable place in our total job.

III. PETER SHEA FROM THREE TO FOURTEEN

Eleanor Clifton

THIS CASE STORY OF PETER SHEA and his family is presented as an illustration of a long-time casework relationship. The case was chosen for presentation for several reasons. First, the family is in many ways an "average" one of normally intelligent parents and children, respected in the community and warm in their relationships with one another. Second, although Peter himself suffered a major trauma—infantile paralysis—at the age of four, the problems of the family are in the main typical of those that may beset any average family. Finally, through the years the mother has been eager for the caseworker's advice and help in rearing her children and has participated actively and positively in the work with Peter. It has been possible for us to know all the children, to help them directly where it seemed desirable, and to serve them indirectly through the mother in many other instances.

Although a period of eleven years is covered in our contact with the family, the detailed presentation will be limited to the five-year period during which I worked with both Peter and his mother. The earlier contact, briefly summarized, is included because it highlights some particular family stresses and the ways in which the caseworkers at that time tried to help.

The Sheas are an American family of English and Irish stock. The family make-up in June, 1947, was as follows:

Father: Peter Shea, born in 1909

Mother: Anne Shea, born in 1908

Children: Peter, Jr., 7-25-33

Phyllis, 4-21-36

Kathleen, 6-23-38

Anne, 2-7-40

Children: Philip, 9-15-41

John, 8-24-43

Michael, 1-17-45

They lived in a walk-up apartment house in a neighborhood where housing was fair and where there was some play space, but where there was conflict between racial groups. Their five-room apartment was airy and steam-heated, but seriously overcrowded. Standards of cleanliness were adequate but the rooms were often in disorder.

Mr. S was an upholsterer by trade and acquired a new skill, sheet-metal work, in a shipyard during the war. Mrs. S, before her marriage, had been a stenographer with a good work record. The children of school age, with the later exception of Peter, attended parochial school.

We knew little of Mr. S's background. His mother died when he was a young child and he was placed with relatives. In order to support himself he left school at 14, soon after he had entered high school. His father was a manual worker who occasionally got good enough jobs to help his children financially after they had married and were in need because of unemployment. We had no evidence of educational ambitions or intellectual interests in Mr. S's family group. Mrs. S reported that they were "too contented with relief" and that one brother had for a while been involved in a "gambling racket." Mr. S himself showed definite aptitude for skilled work. He derived satisfaction from his manual dexterity—made toys for the children and attempted to make the apartment more attractive with draperies and reupholstering of furniture.

Mrs. S's family consisted of her parents, a brother, and a sister. Her father, Mr. James, had some college training but was never as successful as were his brothers—one had entered the priesthood and another was a lawyer. He was a man who loved and wrote poetry, read extensively, and was alcoholic for many years. When Mrs. S was 6, he was hospitalized for "manic-depressive psychosis and alcoholism." He never supported his family adequately and, when Mrs. S was 8, he deserted them for three months. In the next twenty years of his life he stopped drinking but his mental condition deteriorated steadily. Mrs. S remembered him very tenderly and stressed only his gentleness, his intelligence, and his protectiveness of her. Her mother had always been dominating and maintained a close relationship with her and the grandchildren, expressing her interest in a somewhat critical, nagging way. She

was especially possessive and indulgent with Peter. She was absorbed in a variety of physical symptoms and complained that her daughters and son, although "very good," did not sympathize with her. Mrs. S's brother and sister appeared very intelligent, did well on their office jobs, and had considerable social poise.

The relatives on both sides were in close contact with the S family, but it was clear that Mrs. S's relatives were not entirely accepting of Mr. S and his family.

Summary of Early Contacts

Peter first appeared in our record in June, 1936, as "the baby," not yet 3, sitting on his mother's lap as she expressed her concern over her husband's irregular employment and the imminent birth of a second child. During our three months' contact with the family at that time, they once more got on their feet financially with a little help from us. Even in that brief period Mrs. S talked considerably about Peter and the new baby girl, Phyllis. Peter worried her, she said, because of his "food fads." He had made a good attempt to feed himself at one year. Six months later, she had a still-born child and felt so unhappy that she babied Peter much more than before. He regressed into more infantile behavior and was disinclined to feed himself or to eat at meal time. In her anxiety lest he lose weight, she began to feed him at frequent, irregular intervals. With no attempt at further exploration, the caseworker suggested nursery school, which Mrs. S politely agreed to consider "sometime in the fall."

In October, 1936, Mr. S asked for help with work and we referred him to our agency's employment office after checking his work reference, which was satisfactory. He was discouraged to find that available jobs were low paid, and Mrs. S commented on his feeling of inadequacy and lack of confidence in his skills as an upholsterer. Mrs. S continued to come to the caseworker occasionally with small relief requests, but more often to discuss problems in her care and training of the children, especially Peter. His eating difficulties continued and she told with tears how it worried her and how she felt impelled to yield completely to his insistence on being fed by her and eating outside of rather than at meal hours. The case-

worker was responsive to Mrs. S's concern about Peter and was able to secure the following significant history material.

Mrs. S married in August, 1932, without her mother's knowledge. She continued to live at home. She confided in her father and sister but did not tell her mother until her advanced pregnancy made it necessary. When Peter was born, her mother and sister shared the care of the baby with her, crowding out Mr. S who by then was also in their home. Mrs. S and her sister were both completely inexperienced and spent all their time changing Peter's diapers, the minute he wet or soiled them, and washing him many times a day. Her mother was critical of her handling of Peter, opposed his being on any sort of schedule, and spoiled him completely.

Mrs. S blamed herself bitterly for Peter's eating difficulties, saying that she scolded and pleaded with him in vain and finally ended up by feeding him spoonful by spoonful. The caseworker asked whether she had tried not paying attention to him while he was eating. She accepted this idea intellectually as a good one, then said, "I'll try to steel myself not to notice him, but I'm not sure I can do it." This same intellectual acceptance, docility, and self-blame were apparent in all areas of Mrs. S's concern.

During the period from June, 1936, to September, 1937, our record shows, as the presenting problems, irregular employment and difficulties in financial management, illnesses of the two children, and Peter's continuing feeding difficulties. Mrs. S was described as intelligent and fond of her children but overanxious and poorly organized. Her interest in theories of child care and her expressed desire to receive advice and help rarely eventuated in effective handling of the children's problems. Our treatment on the environmental side was timely and adequate, but we were not successful in our attempts to deal with the psychological problems. We contented ourselves with suggesting conventional remedies (as in the handling of feeding problems, planning nursery care, and so on) without much awareness of the ineffectiveness of these prescriptions. As we look at the case in retrospect, we have a sense of warmth and interest on the part of the three workers who carried the case successively but a questionable lack of continuity in treatment.

In September, 1937, a new problem arose. Peter suffered an attack of poliomyelitis and was left with a permanently crippled right arm. It is interesting to note that when Mrs. S, after telephoning us to tell us of Peter's illness, did not respond to our letter of sympathy and concern, we allowed the contact to lapse. It was not until January, 1939, that Mrs. S returned, worried over her husband's unemployment, saying that they had come to the end of their resources and would like to be referred to the Department of Welfare. The caseworker explained the procedure, encouraged Mrs. S in her decision to apply, and noted that Mrs. S burst into weeping. She said she and her husband had grown increasingly irritated with each other under the strain and this added to her worry. She acknowledged that, in her fear lest he "let down," she nagged him too much to look for work. She told of the birth of Kathleen, the third child, in June, 1938, saying apologetically that she could not work with three young children. She also told of the care Peter required. She had to take him to the hospital three times a week after his long period away for convalescent care. His arm was in a brace and muscle-transplanting operations were planned. In answer to the worker's inquiry, Mrs. S said Peter seemed aware of his handicap chiefly when children asked him about his brace. He would remain silent, looking expectantly at her to answer for him.

Mr. S came in to discuss work and was described by the worker as "baffled" and inarticulate. He was referred again to the agency's employment service and the Department of Welfare application was discussed with him.

Early in 1939 I first became acquainted with Peter. During his mother's interview with her caseworker, he appeared in my office—a thin, pale 5-year-old with a brace covering his right shoulder and arm. I talked with him, giving him crayons and paper to entertain him. Each time his mother brought him in thereafter he would look for me, and when I was in the office would settle down for a visit.

Peter impressed me as a rather strange little boy. He talked in a rambling manner with no vivacity or affect. His use of words was precocious but because of his vagueness it was difficult to estimate his intelligence. He seemed preoccupied with minute details

and, although he was always friendly, showed a kind of negativism. When I made a comment, he would often say, "No, that isn't it," or "That isn't right." He drew constantly with his left hand, chatting as he drew. He referred to the clinic and doctors but made little direct reference to his handicap.

This casual, informal contact with Peter continued for about a year, Mrs. S continuing to come in to see another caseworker. Mrs. S seemed more relaxed in her care of the children. Even when she failed to follow literally advice given by the caseworker, she gained enough security from the latter's interest to function better. In April, 1939, she began to talk more about financial management and homemaking. She went to a cooking class and worked out a plan with Mr. S whereby he helped her with some of the heavier housework.

During the summer of 1939, Mrs. S's caseworker arranged for Peter to attend a summer play group. He showed some resistance to going after a week or two. Mrs. S attributed this to the influence of her mother, who decided it was too strenuous for Peter. This typified her interference with Mrs. S's plans for the children and Mrs. S showed one of her rare flashes of resentment. Early in the fall a three-week cottage vacation was arranged for the family at the agency's summer camp.

In October, 1939, Peter entered an orthopedic class in public school. Mr. S again was laid off and the family returned to the Department of Welfare. Mrs. S was again pregnant and Anne was born in February, 1940.

During 1940 Peter functioned rather poorly in school. His attendance was broken by frequent clinic appointments and the whole school experience seemed hazy and meaningless to him. He showed some reading difficulty and made little general progress. When he dropped in to see me, he drew constantly, chattering rather confusedly about his drawings—cowboys, "crooks," murderers, Germans, masks and guns, and so on.

By October, 1940, Peter said he would like real appointments. I agreed that it would be better to plan these rather than have him count on finding me in and then be disappointed. It seemed especially desirable, since Mrs. S and her husband were both expressing concern over the child's increasing seclusiveness, preoccupation with

his drawing and the radio, and resistance to playing outdoors with other children. My own observation of Peter made me fairly certain that he was reacting to the traumata of his illness, removal from his home for periods of medical treatment, and permanent crippling. He was showing some capacity to relate to people in his seeking me out and sharing his drawings with me, but the relationship was hazy and unfocused. My hope was that planned, regular contacts with the child might give him an opportunity to develop a relationship in which he would feel increasingly free to ventilate his fears and move toward rather than away from other relationships.

By December, 1940, there were evidences that Peter was relating himself to me more specifically. He would ask me to help him draw or to draw something myself which he would rate as "a little bit good." He asked me to write his name on my appointment pad and showed reluctance to leave at the end of each appointment.

By April, 1941, Peter had acquired considerable skill in his drawing and his stories about his productions were increasingly elaborate and coherent. He distinguished carefully between "good guys" and "bad guys," and was able to indicate "toughness" and "goodness" in his drawing. He also distinguished between what he called "real" and "imaginary." Once he pictured a duel between a man with a gun and a man with a bow and arrow, saying of the former, "I believe in this one, but not the other. He wouldn't be real today."

He occasionally injected brief references to his family. Phyllis was sick with diphtheria. It worried him to think she might die. Again, when she and Kathleen went away for convalescent care, he said, "I have a kind of nice feeling. I feel comfortable by myself."

He reminisced about his early childhood, saying that it made him mad to think of growing up. When I asked him if he ever thought of nice things about growing up, he said, no, he already had all he needed. He might want to learn to swim, but otherwise he could not think of any advantages in being grown up.

Most of the interviews of that period were used by him for his stories of his drawings and other discussion was still fragmentary. He obviously resisted any effort on my part to extend it, but would respond with a nod or smile to an occasional interpretation related to his drawing; for example, his wish to be stronger, the satisfaction of creating "bad guys" who can do things little boys are not

allowed to do. He developed considerable freedom in acting out his stories, lying in ambush, shooting imaginary bandits, and so on.

In the summer of 1941, he was sent by a health agency to a camp for handicapped children. He was interested in the plan but somewhat apprehensive. He and I talked about his feeling of uncertainty. I asked him whether it seemed like the time he was sent away to the convalescent home when he was four. He said in amazement, "Oh, no, I never thought I was coming back that time. I felt like an orphan. When Mommy came to see me, I thought it was just a visit and I would be away all my life. When she took me home I was so happy. I wouldn't even stop at Grandma's house. And my own house looked amazingly nice!" Mrs. S, when asked about Peter's earlier experience, told with tears in her eyes how he had been whisked away from the hospital to the country home before she was able to talk about it to him. She had not known of his confusion about being away and had wondered why he seemed aloof when she visited. He had not seemed to care about the toys she took to him, and finally seemed to gain so little that she removed him against the doctor's advice.

This negative and traumatic experience, which Peter himself could tell me about years later, points up sharply the need for preparation of a child faced with a radical change in his life. The doctor and social workers who were planning for the four-year-old at that time undoubtedly were interested and eager to help him; the "prescription" seemed excellent. But the little boy was not ready for it, did not understand it, and could not profit from it. It must have seemed to him one more injury inflicted upon his defenseless little self. If, as might well have happened, he associated the hurt of his illness and crippling with punishment by his parents, his fears must have been intensified by their apparent desertion of him.

In the fall of 1941, after a successful camp adjustment, Peter entered a parochial school, again somewhat apprehensive over the new experience. He was interested in the religious instruction, questioned me about my religion, and seemed much clearer about his whole school program. His vagueness and incoherence disappeared and he became more direct and aggressive. He added to his drawing activity pencil games with me, showing considerable skill and resourcefulness.

A Stanford-Binet test was given him at this time. (Because of my earlier training in clinical psychology, I was able to give this myself.) His I.Q. was 126 and supplementary educational tests showed him to be capable of more advanced school work in spite of his previous sketchy school experience. It was arranged with Mrs. S's caseworker that I would discuss Peter's test with his mother. She was delighted that he had done so well, and said that she had thought him bright but was puzzled about his inattentiveness and forgetfulness. We talked about Peter's retardation in school (one year), deciding that, after he had had time to adjust to the new setting, the school might be asked to consider an extra promotion. Mrs. S was relieved that he was placed with physically normal children.

Peter was told by his mother during the summer that another baby was coming. She said that she thought it important to prepare children who are "old enough to understand." The new baby, Philip, was born in September and Peter came in for his interview with the news.

"My mother was in the hospital with a baby." I asked what he thought about that. He said laughingly, "I call him 'sour-puss' because that's the way new babies look." He talked little about the baby, but engaged himself in building a house of blocks, making up the following story as he worked: "Some people had an old house which they pulled down and they moved to a new one. They took three trunks—one with a 'fortune' inside, one with some old costumes, and one with a Santa Claus suit. There were five children in the family and they all wanted the Santa Claus suit. Of course, that was impossible, so guess what! They divided it up. One child got the hat, one the coat, one the bag, and so forth." I said I imagined Peter knew a lot about the problem of dividing things up in a big family. Sometimes it's hard to share things. He looked at me with a flash of interest, but quickly returned to his building and stories.

Peter's "story" tells us something of the competition with which he was faced in his family. He was unable at this point to express directly any feelings of rivalry or resentment so far as his younger siblings were concerned.

In the fall of 1941, for the first time he brought playmates with him to the office but told them they must stay in the playroom and not interrupt him in his interview. He told me he did not like "this

business of coming every two weeks." I agreed we might plan on weekly appointments, explaining that once in a while I might have to be away for special meetings, but I could usually let him know ahead of time. He made every attempt to prolong the interview, asking if he might draw one more cowboy, or half a cowboy, and adding rapidly to his drawing as he talked. I smiled and said I guessed we both knew what he was doing, but we would have to stop because of my other work.

When the war began in December, 1941, Peter and I talked about it, and he told me the school plans for air-raid drills. He denied any fear and explained practically that they might wear metal tags "which would show up if we had a fog." He said he knew there was some danger, but "it might be good if we had some excitement now. Then if there was a real bad war sometime, we'd be used to it." I agreed with him that there might be some danger and said it was wise to be prepared, since there would be less danger if we all planned carefully and obeyed orders.

He was delighted when I gave him a chemistry set for Christmas and he confided in me that he no longer believed in Santa Claus but he encouraged "the little kiddies" to believe in him. He mentioned the fact that the small children broke his toys, but denied quickly any resentment of them. "It makes me proud to have so many children in my family." I said it would be all right to be a little mad sometimes even while you're proud and fond of them.

During early 1942, Peter developed a strong interest in comic books and modeled his drawings upon them.

I asked Peter if he was showing his drawings to the family. He said vehemently that he certainly was not! "They talk too much. Whether they say they're good or bad, I don't like it!" I asked Peter why he felt different about my seeing them and he said, "I'm used to you and besides you don't talk a lot about them." I said I thought he meant that his drawings were very important to him and they told things for him that he didn't want people to interfere with or laugh at. He agreed.

I said I could see what the comic books meant to him and how much fun it was to pretend. I thought it would be good, though, if he could play with other boys, too, and read other books. He said he had joined the Public Library and loved "poetry books." He hoped his mother would let him read Sherlock Holmes soon. "I know already about him and Watson."

Soon after this interview Peter told me he was drawing for the younger children. Phyllis always wanted him to draw her. "I just do any funny little girl and it satisfies her."

Peter said he had been drawing since he was 3. "I drew before my arm was affected. I used my right hand then and my drawings were 100 per cent perfect." He said he could even now use his right hand a little, but he did not "let on" to the Sister. I asked why not, and he said, "She lets me off doing some things and she lets me out early and things like that." I said any boy might like that, but I wondered how he felt about having people sorry for him. He said firmly that he did not like that part of it. "I don't think it's nice for people to say it's too bad I can't do things." I said no, I didn't either. After all, Peter was a boy who could do many things well. I talked about handicaps and the fact that all people have some weaknesses. He listened attentively and said, "I know a bully whose handicap is being too strong, so people don't like him."

Peter expressed here for the first time his conflict between his distaste for sympathy, which makes him feel inadequate, and his inclination to exploit his handicap to avoid difficulties. I attempted to recognize with him both these feelings.

Peter voiced some concern because his playmates had no interest in drawing. "Maybe they think it's sissy, but I don't." He commented that they got scared themselves at air-raid drills. When I said children might, he admitted that he too had been "a little scared." I said the war dangers were like other kinds. We had to be afraid enough to be careful and protect ourselves.

During this period, the spring of 1942, Mrs. S was seen regularly by another caseworker. There was one interview with Mrs. James, Mrs. S's mother, in which she talked freely about her disapproval of Mr. S's family and said somewhat regretfully that her daughter was too easy on her husband. She should, Mrs. J thought, make him help her more. Maybe he was tired when he came home, but he should get a better paid job.

Mrs. S continued to ask for and read articles and books on child care and home management. She seemed better able, even with the five children, to put some of the suggestions into practice and was less panicky when she failed to do so. The caseworker who had an opportunity on home visits to observe her with the children felt that she was fairly relaxed with them and seemed to enjoy their activity.

It was clear that Mr. and Mrs. S, except for brief disagreements at times of financial stress, had worked out a fairly satisfactory marital relationship. She admitted that she had had doubts at the time of her marriage because of his lack of higher education and polish, but she said she did not regret her marriage.

In early 1942 Mr. S got a war job and the family had enough leeway to save a little in war bonds.

When her caseworker left the agency in May, Mrs. S talked about what the agency caseworkers had meant to her. When she first came to us, she was confused and worried about everything. She had now learned to "reason things out"—the way the caseworkers did. Then the problem either disappeared or was simple to solve. Since Mrs. S's current concern seemed mainly related to her training of the children, I decided in the fall of 1942 that I would work with Mrs. S along with my treatment of Peter, with special focus on her desire for advice and help in rearing the children.

During the spring and summer of 1942, Peter seemed eager to talk as well as draw and he made up stories about his heroes. He attended clinic regularly and was well informed about the purpose of the exercises and physiotherapy that were prescribed. His mother had suggested to his teacher that he not be dismissed early to protect him from the other children and that he be allowed to participate in as many normal activities as possible. She also encouraged him to help with simple household chores. She discussed Peter's psychological tests at the school and it was decided that he should be allowed to skip a half year in the fall. He finished his school term at the head of his class.

In his contacts with me, he was increasingly spontaneous and somewhat more aggressive. He began to ask for things—first in terms of "buying" or "borrowing" them from me, then in direct requests that I give them to him. He showed some conflict about this because of his parents' having told him that asking neighbors for money or candy is not polite. I explained that our relationship was a special one in which he could tell me what he wanted and I could either let him have it or explain why I could not. I told him that his parents were right as far as his everyday contacts with people in the neighborhood were concerned.

It is important, as we work with children, to guard against a tendency to be too permissive. Even a young child can grasp the "specialness" of the relationship with the caseworker, but this must not present a confusing contrast to his treatment and training at home.

Peter was happy at the same camp (for handicapped children) to which he returned for a month, and wrote me a letter telling of his activities. The camp reported a marked improvement in his adjustment over the preceding summer.

Psychiatric consultation on the basis of record material was arranged at this time. (Today we would probably initiate this sooner.) The psychiatrist considered Peter's adjustment to his handicap a reasonably satisfactory one: he seemed to have found a very satisfactory channel of expression in his drawing; he had a lively dramatic sense and an unusual capacity to depict action, though he was still shy in revealing his fantasies except to his caseworker. It was uncertain how much of his fantasy was derived from stimulation from comic books and how much stemmed from his own inner conflicts. His "characters" were extremely virile and active with much manipulation of guns. The heroes and villains were sharply contrasted. There might be hostility toward his father and the younger children—his attitude toward the siblings was almost too mature and tolerant. He might be compensating for his physical weakness. He showed a certain compulsiveness which might arise from guilt or his own physical inadequacy.

Encouragement of gradually expanding group relationships as well as individual treatment by the caseworker was recommended. His mother, it was thought, should be supported in her honest effort to control her protectiveness of the child. It was suggested that Peter be encouraged to talk about his handicap and be allowed to express his negative as well as his positive feelings about his younger brothers and sisters.

Detailed Presentation of Further Contact with Peter

The following excerpts from interviews with Peter and his mother (covering the period from November, 1942, to the present) have been selected to show trends in the child's development, some of the points at which he needed help, ways in which the mother used the caseworker, and the quality of the relationship between the case-

worker and the child. Weekly interviews with Peter were planned. During the early part of the contact Mrs. S was seen about once a month; later interviews with her were more frequent.

11-19-42: Peter came in, saying, "The public school children came for religious teaching, so we could get out if we were good. I wanted to come to see you so I was good." In discussing "goodness," I said it would be pretty hard to be good always. He smiled and said, "Even you couldn't be good always, could you?" I said I certainly couldn't—I didn't know anyone who was 100 per cent good. He then told me of an episode in school when he spelled "Monday" with a small "m" and another boy marked it correct. "When I got my paper back, I changed it to a capital 'M.' Then I felt very guilty in my conscience. I tried to go up and tell the Sister, but every time I started she told me to sit down." He told his grandmother about it and she apparently reassured him, saying that priests made mistakes too. "Then I stopped feeling guilty."

He said he heard from his uncle in the navy. His father joked about joining up, but of course he couldn't with five children. Peter said he was too small to work. "I know that, but I'm not a sissy any more." He said he was wheeling Philip in his carriage one of the very cold days last week and the carriage got stuck in a hole. "My hands felt so cold, they seemed as if they would break and I couldn't move the carriage back or forward. I felt so bad, and a big boy came up and said, 'You weakling!'" I asked if the children teased him much about his arm. He said they do sometimes. "People don't know how it feels to me or they wouldn't." I said that was quite true. People would be much less likely to hurt other people's feelings if they could imagine how the other fellow felt. I knew how it felt to Peter and I thought he behaved very bravely. He did so well with the other hand, too! He smiled and said again that he drew very well here. [His way of expressing the value of the casework relationship to him.]

12-7-42: Peter asked immediately whether there would be time for us to go to the "5 and 10" so that I could look at Christmas things. I agreed to save a half-hour for the trip.

In discussing what he wanted for Christmas, he said now and then, "But this would be too much for you to get." I said I noticed he seemed concerned about asking for too much. He said, "Yes. When I was a very little boy, I used to ask a lady for candy. My father heard me and talked to me. I knew, 'Ask and ye shall receive,' but I didn't know asking was bad till then. And my father and mother say when I come here,

"That lady is very kind to you. You musn't impose on her." I said maybe I could explain this again to him. Asking isn't bad, but it is supposed to be good manners not to ask people you don't know very well for things. It is a little different with close friends. For instance, Peter could ask me for things he wanted and then I'd tell him honestly whether I could or could not give them to him. That's the way it is with friends.

Peter said, "I have a dime to spend, but you don't have to spend anything for me. You can just look." I smiled and said, "What would you say if you didn't have to be polite?" He looked a bit embarrassed, then smiled broadly and said, "I'd say something different. I'd say you could." I said, "Yes, you would say, 'I'll spend a dime and you can spend another dime for me.'" I was glad he could say it and I'd like to spend a dime for him too. He said, "I didn't want to impose on you, but I was kind of 'cinching along.'" I said that if Mother or Daddy asked him about my buying something, he might explain what I told him about friends. Could he? He said, "I could say it in long words, or short words, or slang."

It seemed important to help Peter ask directly for things, rather than hinting in a roundabout, fearful way. At the same time, I had to take into account his parents' training. Otherwise the child would have been thrown into conflict or would have distrusted me as a "bad person."

12-10-42: Mrs. S in without an appointment, asking to see me. She had such good news! When Peter brought home his test papers for mid-term he had five 100's. He was the head boy in the class already. She was so glad he skipped a half year because he was more interested and seemed to find the group more companionable. She encouraged him to play outdoors and there was one very nice, thoughtful youngster whom she liked him to bring home. He was inclined to "hibernate," and seemed very sensitive to cold, but she thought fresh air was important.

I said I was planning to get him a "Gene Autry" gun and a book for Christmas. I hoped she would not disapprove too much of the former. She said no, she would like him to have it. He had been wanting one so long. He was not drawing so much at home but had been writing little stories. He told her that I had talked about his arm with him and she thought he seemed relieved to have had me discuss it. She was so glad I was seeing him because it helped him "over the hard places."

Mrs. S brought a new problem to me. Phyllis was not doing especially well with her first-grade work. She did "mirror-writing" and was left-handed. Mrs. S would like to have me test her. She thought it might help Phyllis if she could talk with one of our caseworkers. She expressed worry over not having given the child more attention. It was when Phyllis was only a baby that Peter had become ill and then the younger babies came so fast that Phyllis was crowded out. I asked Mrs. S about Peter's relationship with Phyllis and she said she thought he was inclined to be impatient with her and somewhat hard on her. Phyllis admired him greatly and longed to do what he did. Mrs. S attributed some of his rivalry with Phyllis to his experience when he was away at the convalescent home and returned to find her playing with his toys. She always told the children when she was expecting another baby. "I don't know whether I did it the best way, but I told them the baby was inside me because when it was so little it needed to be warmer than it would be outside."

A test showed that Phyllis was definitely above average in intelligence (I.Q. 112). It was decided that another caseworker should see Phyllis and attempt to discover the basis for her non-adjustment in school. It was necessary for Peter to bring her to the office, which he did with fair grace once he was assured that he would continue to see me himself.

At Christmas I was careful to provide gifts for all the children in order to avoid making too much of a contrast between the interest shown in Peter and my interest in and liking for his brothers and sisters.

1-11-43: Peter made no comment on Phyllis' seeing a caseworker and showed no interest when I mentioned it. However, when Phyllis called him on the telephone he said, "I understood her when she was talking to you but I don't when she talks to me. She sounds like 'Baby Snooks.'" He expressed some annoyance when he was through and she was still putting on her outer wraps.

He said, "If Phyllis ever has to wait for me instead of me waiting for her, I'll be surprised." When I showed interest he said, "I play 'Old Maid' with Phyllis every night and always beat her. I get very much worried for fear she'll beat me sometime." I said it is hard for us to be beaten and it takes a lot of courage to take it. What would Peter do if Phyllis did win sometime? He laughed and said, "I'd say, 'Well, you beat me, but just once!'"

1-18-43: Peter said, "I have something important to tell you. I had a boxing lesson last night. I was teaching myself by punching a chair. The cover was rough and scratched me. The more it scratched me, the more I kept on punching." I asked if he had ever had a punching-bag. His eyes shone. "I always wanted one but I never asked anyone for it." I said he might talk it over with his mother and if she approved and there was a place for it, he and I might plan on getting one for him.

I said that I wanted to talk to him about Phyllis' coming in. How did he feel about it? He said, "It's all right. I guess it's all right." I said it would be natural for him not to like it altogether. He came to the office first and he might want to be "the only one." He immediately changed the subject to his drawing. I said I knew it was hard for him to talk about it but I wanted him to understand why Phyllis came in to see Miss R. He would remember that I was trying to help him and that we talked about his handicap. Phyllis had another kind of handicap—worry about school. And she had a big brother who knew more and was smart in school. It was hard for her to live up to him. He said, "I know. Did you give Phyllis a reading test?" I said no, Phyllis did the tests for little children. He said, "Well, after the test she could read perfectly. She's all right now." [Peter's way of saying, "Maybe she doesn't need to come here at all."]

2-1-43: Peter said, "Sometimes I'm walking along with a boy and I try to be friendly because I don't like to fight. I have a feeling then—it's hard to explain." He struggled for the word, then said, "I feel unsafe." He gave as an illustration an instance of a larger boy's throwing snowballs at him. "I was nice and friendly, but he finally threw a lump of ice at me." I said I could see how unsafe he would feel. To feel safe, we have to trust people not to hurt us. Peter went on to tell of an episode that morning when he was playing in the snow and some big boys and girls knocked him down with a sled. He said he didn't cry, but "when I was knocked down, I weeped a little." I said I thought he was a pretty brave little boy, it isn't easy for smaller children to protect themselves. He said he stayed in a lot with "my drawing and the radio." He added that, when he did go out to play, his mother had trouble getting him to come in. I said I hoped he could have some fun playing with the other children, because he needed to have friends, too, besides his fun indoors.

2-15-43: While Peter was sketching he said he would tell me a secret—"There's going to be another one in our family soon." His mother told him not to talk about it, but he was

sure she would think it all right for him to tell me. He wished his mother would have ten children. He felt so proud to have his family a big one. I said I guessed he felt two ways—proud and kind of bothered sometimes by the little ones. He said, "Oh, I don't really mind that much. I think how nice it will be when I have my children for them to have lots of aunts and uncles to come to see them and give them things." He said he would like to have a hundred children and ten wives.

3-20-43: When we were discussing the movies, I asked Peter whether one that he saw wasn't pretty sad. He said, yes, but he doesn't cry at movies often. Once he did and his mother laughed. "She apologized, but said she couldn't help it." He thinks it is funny that no matter how much you say to yourself, "This isn't real," it makes you want to cry. He said, "I don't make a noise when I cry anymore. The tears roll out, but I don't cry out loud." I asked whether someone comforted him when he cried. He said, "Mommy does. My father usually isn't there." He went on to say, "One thing that gets my father mad is jealousy or quarreling between children or relatives. If you were like that, he'd put you right out of the house." I asked how Mother feels about it. "Oh, she gets sick when we quarrel. She's pretty sick nowadays anyhow." I asked what children can do when there are rules against quarreling and they get mad. He laughed, "Oh, I give them little taps. What really makes them cry is when I say, 'You'll go to prison and never see Mommy again.' Anne doesn't cry if I hit her, but if I say, 'You bad, objectionable girl,' she cries like everything. Then if I put my arm around her she stops."

4-5-43: Phyllis rushed in soon after they arrived and asked Peter to write down her aunt's telephone number since the caseworker said she could telephone. Peter did so, but grabbed my telephone to get the number himself and talk first. I asked him to wait and talk to his aunt after Miss R got the number. He became quite excited and his eyes filled with tears. When I tried to find out whether Peter had had the idea of calling first, he admitted that they thought of it "about the same time," but he had something important to tell his aunt. I told him I understood that he felt bad when he had to let Phyllis get ahead of him. It is very hard sometimes to let younger children go first and I could understand how he felt.

He asked me whether I had toys all for myself. I explained that those of us who worked here shared the toys and the children who came in shared them. I asked him if he wondered about the other children who came in. He said he had seen

some of them in the playroom. I asked him whether he knew what our work was here. He said, "I know you help people. What did Mommy come here for at first?" I said that Mommy was worried because Daddy was out of work and she needed help to take care of the family. I said we were interested in children and tried to help them when they were unhappy, or hadn't enough fun, or were having trouble in school. We talked things over and tried to help them feel better. He said he understood and asked whether we could look over the toys in the closet. "I may not play with them—but I could look at them." I said, "Of course you can. We'll go out and look at everything you want to." He looked into the closet, saying, "I haven't seen these things in a blue moon." He expressed interest in the finger paints, but said he'd better not play with them. "You might holler at me." I asked if he really thought I would. He said, "No, you wouldn't but the others might. The lady who cleans might be mad." I reassured him, telling him that our only rules were that children shouldn't destroy other people's property or hurt people. He took the paints and said he would make a "wilderness." He painted a tree with grass around it and mountains in the background "like Switzerland." He was extremely self-critical, said it looked "messy" and "terrible." He asked me if I didn't think it looked terrible. I said it looked nice to me, but perhaps it wasn't the way he wanted it. He said, "Well, if you say so, I guess it's all right."

Before long Peter was expressing new dissatisfaction. He said, "If there's anyone I hate, it's the mayor!" I asked why. "Because he lets the colored people crowd us out of our neighborhood. They're pushing us into the river." Peter said he knew there were some good colored people, but they shouldn't push white people out of their neighborhood. He suddenly said, "I don't feel very well today." I asked whether he felt sick in his body or didn't feel happy in his mind. It was his mind. "I'm a bad boy today." I asked whether he had done something that worried him or was afraid he might. He said, "No, I haven't done anything and I don't think I'm going to. But it's terrible the way I've been talking today. I shouldn't have said things about the colored people." I said there might be a difference between telling me how he felt and saying it where it might worry or hurt people. I asked what made him feel better when he felt he was a bad boy. "I want Mommy to spank me." I said maybe it was hard in a way when I didn't scold him. He thought for a minute and said, no, he didn't want me to. I said we would talk more about it and see whether I could help him

feel better. I knew he had been unhappy today about Phyllis and the telephone call and I was sorry.

Peter's uneasiness and guilt in this interview were marked. He displaced his feeling about his conflict with Phyllis by expressing fear of being "hollered at," dissatisfaction with his painting, hostility toward his Negro neighbors, and then guilt over this. It might have been well to help him recognize these displacements.

4-19-43: Peter showed me a loose tooth, dangling by a thread, and finally pulled it out. He said with some anxiety that there was a big hole there. Could I see it? I said it did not show except when he smiled. I asked if it bothered him. He said, "I feel bad about it." I said he would get a new tooth there and he seemed relieved, but said he felt "sort of sick from losing so much blood." He stuck the tooth back between the other teeth and was so intrigued with his achievement that he asked to show it to Phyllis. He succeeded in keeping it in place for the rest of the hour. [This is an illustration of Peter's resilience at points of anxiety.]

He recalled his trip to the circus last year and I told him we were hoping to get tickets this year. I said I hoped he could go and Phyllis might go too this year. How would he feel about that? He said, "Oh, I'd love it. Phyllis is very good company. Of course, we have disagreements once in a while." I said I supposed all brothers and sisters did occasionally. I imagined his mother understood that. He said, "Oh, yes. She says, 'The course of true love never runs smooth.'"

Arrangements were made for Peter to attend a summer play school in his neighborhood, so that he might have a group experience in a free setting.

7-17-43: Peter in the office after play school. He said he was having a "swell time." He had charge of the bulletin board and had to keep a record of the group's activities. He had drawn a poster and the group had a "global map" on which they kept track of the war with flags. They could take books from the library and had a chance to exercise in the gymnasium. He described the story-telling games they played and said they acted out charades and pantomimes.

7-30-43: On a visit to play school I talked with Peter's teacher. She spoke warmly of him and expressed considerable pleasure in his development in the group situation. One day soon after school opened, some of the children noticed his crippled arm, realized it was caused by infantile paralysis, and

asked whether this would not keep people from ever working. Peter literally turned pale, and the teacher dealt promptly with the situation. She told the children that the President was handicapped by infantile paralysis and he worked. Her husband had the disease and he worked. Thereupon Peter said, "And I had it and I work." He was able then to tell the children about his treatments and clinic visits.

At first he read much of the time. After a week he began to join the group more actively and soon was trying everything. The teacher was encouraging him to work with clay, using both hands. He said at first that he could not play ball, then after watching the other children decided that he would try. The toughest boy in the group helped him, throwing the ball very gently so that he could catch it. Peter enjoyed gardening and had recently tried to use a saw for woodwork. He was very punctilious about asking permission for every step he took. The teacher was trying to encourage him to use his own initiative.

9-13-43: Peter in with a bag of books with army and navy insignia, codes, and so on. He looked well and sturdier. Through the clinic, he went to camp after play school stopped and said he loved it. He liked the boys and his counselor. He talked about his activities and then asked whether he could bring his friend Jimmy into my office. I was interested in the nice give-and-take between the two boys. They joked with each other in a friendly, "big boy" way and Jimmy kept reminding Peter to tell me certain of his camp experiences.

It seemed important to allow Peter to bring his friend into my office. The family caseworker can anticipate that the child will often want to do this and, rather than rigidly denying him the privilege, can try to understand his motives for wanting to do so. We cannot assume that they are always negative (as, for example, to avoid discussion). Sometimes the child has a desire to have his friends see firsthand the positive relationship that has value for him, or to have his caseworker meet a friend of whom he is proud.

11-3-43: I went with Peter, as he had arranged, to see his new baby brother, Johnny. The apartment was in considerable disorder, but clean. Mrs. S seemed relaxed and showed no anxiety over the activity of the children, who were eagerly competing with one another for my attention. The youngsters all appeared bright and were quite attractive. Philip was a particularly sturdy, good-looking child with fair curly hair and expressive brown eyes. Peter brought him forward immediately, asking whether I didn't think him very pretty. It

seemed as if he was especially anxious that Philip should not be at a disadvantage when the baby was being displayed. At one point when Philip pushed a book against little Johnny, Peter smacked Philip, who seemed startled, then cried bitterly. Peter explained that he should not have hit the baby.

11-10-43: Peter asked if he could have another "test." Since it had been two years since his previous one, I agreed to give him another. His eagerness to excel was obvious. He tried rather playfully to get "hints" from me, asked repeatedly whether I thought he would get a good score, and expressed concern. He said, "It's funny that I love to do tests here and not in school, although these tests are harder. I think I know the reason, though. I know you won't do anything to me, like leaving me back. In school they might, and I get so nervous that I'm slower and make mistakes." I said that was probably true, and added that I was interested in what the tests told me about him. They showed he was an intelligent boy and they showed something else—that he cared a lot and even worried for fear he might not do so well as he thought he should. These feelings must make him uncomfortable sometimes.

Peter didn't know what made Phil hit Johnny when I visited the other day. He had not been at all jealous. I said Phil would have to be a little jealous sometimes because a new baby would naturally take some of the family's attention away from him. I added that, with so many children, I should think they might all be jealous now and then. Peter said, "Oh, sure. Phyllis and I always try to make each other jealous." I said I imagined that Phyllis' coming in oftener for her tutoring lessons (arranged by her caseworker) might make Peter feel bad. He denied this, saying, "I didn't even think of it." I said, "Well, it would be all right if you did, and even if you wished you could come in oftener." [Note Peter's greater freedom in expressing his jealousy, even though he still has to deny that he objects to Phyllis' contact with our caseworker.]

11-17-43: Peter said, "Before I begin my test I'd like to introduce you to my new characters, 'Kid Blazer and the Boy Defenders.'" He asked me to write the names of the Boy Defenders, as follows: Chopsticks (Chinese boy), Skull-face (ugly Flatbush boy), Four-eyes (rich, cultured boy), Cactus (hill-billy boy). They are pretty good boys. Skull-face is a little tough. He swipes food from grocery stores and uses brass knuckles, but only on crooks and gangsters. It is important to Peter to have a varied group. That is why he had one a Chinese boy. He had no colored boy. "Four seemed like enough, but I have some colored friends."

He began to sing "Pistol-Packin' Papa." I asked if he thought it should be that rather than "Mama." He laughed and said, "Oh, they mean 'Mama' all right. They always make the women strong. They joke about wives beating up their husbands when they come in late. I don't believe in that. I think a man should wear the pants in every way!"

Reports on Peter's intelligence tests and the Rorschach are as follows:

1. *Report on Intelligence Tests, November, 1943*

Peter was given the Revised Stanford-Binet Test and the Stanford Achievement Test with the following results:

| | | | |
|-------------------|------|------------------|-------|
| Chronological age | 10-3 | Educational age | 12-10 |
| Mental age | 14-8 | Grade equivalent | 7th |
| I.Q. | 143 | | |

He showed a marked gain since his test of two years before. His mental age was $4\frac{1}{2}$ years higher and his grade achievement 3 years higher. He showed definite superiority in vocabulary, immediate and retentive memory, ability to visualize, reason and deal with abstractions, and practical judgment.

2. *Report on Rorschach Test, November, 1943*

Given by a trained Rorschach examiner.

Peter is certainly a gifted child of superior intelligence. His faculty to observe is excellent. He has marked artistic potentialities. There is a certain warmth in all his concepts.

Peter's emotional life is seriously influenced by his physical handicap, but not impaired. He is very much aware of the fact that he has to be cautious, that he has to consider his limitations. His anxiety came into the open in one of his responses to Card VII. ("One thing more—like clutches of an iron machine and I can just see myself caught in between these two things choking me to death.") Such a response indicates considerable anxiety. However, the sequence of Peter's responses shows that he can cope with his anxiety. Right after the cited response, he saw "nice blue mountains" on the next card. This is evidence of the fact that he does not get seriously disturbed because of his anxieties.

Peter is an outgoing boy. His personality is rich; his ability to relate himself to other people is good. His chances to make a good adjustment are excellent. He is a delicate sort of child, however, and it may be good not to push him in his development and to accept his tendency to limit himself. He is brave in trying to cope with his difficulties. Though he is not precocious, he is ahead of children of his age in his emotional

development. He tries hard to develop a "matter-of-fact" attitude despite his very vivid imagination.

11-24-43: Peter was eager to know how he had done on his tests and I told him he had done better than would be expected of a boy in 4B. He then said pleadingly, "Please, don't say anything at my school! Please don't ask them to put me ahead! You see, I failed on an arithmetic test." I assured him that I wouldn't think of asking for him to have an extra promotion if it worried him. Perhaps in June his teacher might suggest the extra promotion. He again said anxiously, "Oh, no, she wouldn't." I again told him that it was very important for him to feel comfortable about any plans and I suggested that for the time being he feel settled in his present class. He looked greatly relieved but seemed anxious for me to tell his mother that he had done well.

I discussed Peter's test with Mrs. S. I told her he had done exceptionally well and was obviously undergraded by at least two years. I said, however, that he was quite fearful of any extra promotion at this time, so it would be unwise to suggest it. We talked about the importance of intellectual achievement to Peter and I explained that he would tend, since he was a bright child with a physical handicap, to invest very heavily in school success. He would need recognition on the basis of such achievement, but we would all have to guard against emphasizing it unduly or putting him under pressure. I said it was certain that he was sufficiently intelligent to enter any vocation or profession requiring higher education and his interests might determine what this should be.

12-1-43: Peter said he had something to ask me, but didn't know whether he should. I said it would be all right with me, if he thought he could. He asked, "Could you lend me a little money?" I asked if he really meant lend and he replied with a grin, "Well, no." I asked him how much he would like and he said playfully, "Well, not a dollar—or 50 cents—or 25 cents or even 15 cents." I smiled and said, "Could it be by any chance be 10 cents for a comic book?" He said, yes, that was it. I said I could let him have it and took him out to the receptionist's desk to get it. I had him sign a receipt, which seemed to make a great impression upon him. He said, "Just for 10 cents!" As he left, he said, "If I returned the money, you could tear that paper up, couldn't you?"

12-8-43: I said to Peter that I noticed he seemed a little surprised when he signed a receipt last week. Did he understand about it? He said, "Yes, I think so. People come to check up and you have to have either the money or papers to show where

it has gone." I asked whether he had any idea where the money came from. He said, "From the city." I explained that it came from people who are interested in helping grown-ups and children get the things they need. Peter said he didn't think children really needed the things. I said, "Well, it isn't like food and clothes and rent, but there are some other things that people need to feel happy and contented." He asked, "If it's too much, do they bawl people out?" I said, "No, because the workers who can give the money think over and talk over with the people who need it how much they need and how much we can give to help." For instance, Peter could tell me what he would like and we could talk about it and figure out what seemed important and possible. Even if I couldn't give him things sometimes, I wouldn't be angry at him for asking. He seemed satisfied with this reassurance.

1-3-44: Peter wanted me to write down some new "characters," saying that he liked the way I write. I again explored his interest in "characters," to find out whether he was merely playing with names. Again he said he not only invented stories about them but imagined what they looked like. He said, "I have a vivid mind."

He said he made a "super-duper" drawing at his aunt's house and tried to reproduce it for me. I asked whether he felt any easier about his family's seeing his drawings and he said no. I said I was interested in his feeling. Most people sort of like being appreciated. I wondered why he didn't. He smiled and said, "Well, I'm sure it's not modesty." I said some boys feel rather ashamed when they're praised. He said eagerly, "Yes, that's it!" As he drew a rather brawny man, he remarked that his father was "husky." I expressed interest and he went on to say that the men who worked with his father thought he was very bright. "My father thinks they're very dumb because they think he's so smart." I asked Peter whether he thought his father was bright. He said, "Oh, sure! But I don't think he went to school much." He didn't know just what his father did on his job but he understood him to say he was a foreman. "That certainly made me feel proud."

In January, after considerable discussion with Peter, I arranged for him to be registered in one of the children's classes at the Children's Art Institute, since he had expressed a desire to be helped with some of the more difficult techniques of drawing.

1-31-44: Peter announced that he had great news. He was promoted first in his class. He had an average of 99 2/3, which

they called 100. He said laughingly that his mother said, "Now Miss C will be surer than she ever was that you can do a higher grade work." I said that it was still important for him not to be pushed beyond what he himself felt comfortable about doing. If he felt bored with school, maybe he would decide it was because the work was too easy. He said he thought he had to work hard. Of course, he didn't like school but he thought no child did. Anyone would rather play. Maybe children really liked school, but they would never say they did.

2-9-44: Peter seemed pleased about the arrangements for his art class, but a little apprehensive as he is likely to be when faced with a new experience. I told him all that I knew about it, assuring him that I would take him and see that he got on the bus to go home. He liked the idea of having an opportunity to make trips to the Institute itself. I told Peter that I had explained about his arm and they would understand his using his left hand.

At one point, Peter was recalling something about his very early childhood. I asked whether he could remember when he was 3 and Phyllis was born. He said he could recall sitting on the floor and playing with her. "It was very nice." I asked if he could remember when he didn't feel so happy about her in those days. He said, "No. It's funny the way you remember the pleasant things and forget the others. I can tell you one thing, though, we all fight enough now!" He expressed no guilt or anxiety about the competitiveness among them and seemed to have no need to profess his pride in or fondness for the younger children. Most of his rivalry seemed to be with Phyllis.

2-16-44: Peter was still eager to go to the Children's Art Institute, but he wanted to be assured that it would not prevent his coming for his regular appointment here. "I wouldn't want to go if I couldn't come here." I said he would still come in to talk with me—the other plan was for recreation. He then asked seriously whether, if the family ever moved, he could still come. I said he could since he was big enough to travel alone. He said, "Even if I lived in Florida, I could come twice a month."

Peter drew some rather rugged profiles and I asked whether he ever wished he would get to be very strong. He denied that he did, saying, "I'm very healthy. I get lots of air in my lungs when I breathe." I said it was probably because of his posture exercises. Maybe he actually would be quite strong some day. There would be lots of things he could do even with his weaker arm. He agreed and said the only thing he had trouble with was catching a ball.

2-21-44: Peter showed me two comic books, and mentioned another that he wanted. After a pause, he said, "I don't want to impose on you, but could you give me 10 cents for it?" I said it was nice that he could ask right out and I would be able to give him the money. We talked over his feelings about "imposing." He said he felt he must be very careful and ask only at intervals. "I sometimes wait about three months. I try not to ask too often and it keeps me worried for fear I will." I asked Peter why he thought I might give him things. Why would he give someone money? He smiled and said, "Because he was a good friend of mine, or worked hard, or needed it." I said I guessed the "good friend" part of it was the main thing when I gave him money. I was interested too in the way he felt about money and in helping him feel comfortable about managing it. He asked eagerly if we could have a "budget." I said we could. We discussed a plan of giving him 40 cents a month until vacation, to add to his father's allowance of 10 cents a week. We might figure out what he would like to use it for. It was interesting that the only item Peter was sure he would spend money for was a 10-cent comic book on the third of the month. He "might" buy candy or cookies or chewing gum, but he insisted that we put a question mark after it and say "a certain amount of" so that it would be clear that he wouldn't get much. He "might" buy a sundae (again with a question mark). He "might" buy a book. In connection with his inability to decide on specific spending, I was interested in his insistence that he might need to borrow on the next month's allowance. "There might be something I needed very badly." I said that borrowing on money to come sometimes causes difficulties. Could he think of any other way to manage a big expense? Peter said, "Well, I suppose I could save for it." When he began to prepare a budget notebook, however, he still left three pages for "Emergencies and Loans." I said we wouldn't rule out loans entirely. If one seemed necessary, we could experiment with it.

Peter asked whether I could persuade his mother to let him go to the movies Saturday afternoon as well as Sunday. He thought he didn't need "the fresh air." I said I thought maybe his mother was the one to decide about movies.

2-25-44: Peter came in to go down to his art class. He said he felt "a little sick"—he supposed he had eaten too much dinner. I said perhaps he felt a little scared about the new adventure he was going to have. He said, "Well, it isn't exactly sick. It's more like an intuition or an instinct." I said I knew what he meant. People feel shaky inside when they're going

to do something new and meet strange people. I suggested that, even though it was in his feelings, maybe chewing gum would help. He was delighted to try this and said he felt much better.

The art group was composed of about twenty children, boys and girls, many around Peter's age. When I called for Peter, he was painting a street scene with black paint, calling it "Manhattan at Midnight." He seemed apologetic about his awkwardness with the paintbrush. The teacher said that he had considerable skill with the pencil, but might find painting difficult for a while. She was reassuring with him, giving him friendly suggestions but not directing him too obviously.

3-6-44: Peter said he was happy about the art class. He had tried to make Phyllis jealous but "Mommy made me stop." It was interesting to note that he was extremely critical of his drawings. He went over them, saying, "That's awful," or "That's no good," and at times he actually crossed them out with a pencil. I tried to get him to talk about them, but he would only say, "They don't satisfy me." I wondered whether his reaction was due in part to his new competitive situation in the art class. He gave some indication of this in describing a picture he was drawing there—a complicated family scene with his mother in bed with the baby and the other children struggling to get into the bed, while his father and he were across the room reading and listening to the radio.

3-13-44: Peter asked whether I could lend him 3 cents. He wanted a comic book. I asked him whether he wasn't getting his allowance from his father today. He was very vague about it and I suggested we discuss how he had spent his money. He had had 60 cents since March 1. He mentioned the 29 cents he spent for a book. He also got two sodas. I explained to him how one subtracts money spent from money received, but he was very resistive to figuring it that way. Instead he did a very elaborate calculation, changing amounts, and so on in order to arrive at the 7 cents he still had. He said, "My way of counting must be right because it comes out to what I have." It was apparent that Peter was "juggling" his expenditures. He said at one point that he gave 6 cents to a poor boy. I expressed interest and he smiled somewhat sheepishly. I asked, "Is it an honest-to-goodness poor boy? Maybe the poor boy is Peter." He laughed and said, "Well, Peter Shea got half, but there really was a poor boy who wanted some candy. He is a colored boy." He said the "poor boy" asked him to lend him money for candy. "I said he needn't pay it back." I said

that was what Peter would like me to say, but our plan was to help him pay as he goes and we would both have to play fair.

Peter said he might have to have a bigger allowance soon. "My mother says I'll have to manage all my expenses, like library fines." I said maybe it would be better not to have library fines. Peter said the "little kids" tore the record slip from the back of one of his library books and he might be fined. I asked him if it made him mad when his possessions were hurt by the small children. He said it did, then explained how he expressed his resentment against the younger children. "When they hit younger ones, I hit them. I hit Phyllis when she hits Kathy—I hit Kathy when she hits Anne and I hit Anne when she hits Phil. I don't hit Phil." I said that was a way he could hit the younger ones and feel right about it. Peter said, "Yes, they have to learn." I said Phyllis was very anxious to do and have whatever he did or had. She was too little for that sometimes, but it was hard for her not to keep up. That was why his mother didn't want him to tease her too much. He said, "Anyway I'm glad I have things for her to be jealous of." I said, yes, it was fun in some ways to be more grown-up. He said he should be allowed to stay up later. He had to go to bed at 8:00 or 8:30. I said going to bed seemed hard when you felt grown-up, but sleep was important when you wanted to grow up strong and healthy. If he could show his mother that he was gaining weight and strength, maybe she would let him stay up a little later. He seemed pleased at this idea.

When he was leaving, he again mentioned the 3 cents. I said he could borrow it. That would mean his allowance would be 37 cents next month. This idea was obviously distasteful to him. He asked, "Could I keep pushing the debt ahead every month?" I said, "No, just one month." He asked coaxingly, "Could I borrow the 3 cents for two years?" I smiled and said, "No, just one month." He then asked whether he could sell for 3 cents the comic sheets I had saved for him. I said they were his and he could do what he liked with them. "Could I sell them to you for 3 cents?" I said no, I didn't want them. He had two old copies of *Life* which we were throwing away and let him have. Could he sell them to someone in the office "personally?" I said no, that wouldn't be fair, because people here could read them for nothing and would be just giving him the money. He said, "Well, tell me what I can do." I said there were two things—he could wait till he got his allowance from his father tonight, or he could borrow 3 cents from next month's allowance from me. He said, "You'd feel bad if you were me." I said, "I know I would. It is

awfully hard for people to wait for things and to live on the money they have. I like Peter so much that I want to give him the money and other things. I also want to help him learn ways of managing that will make him happy when he is growing up." He said he guessed he would borrow the money from next month's 40 cents. As we went to the outside office to get it, he said, "I may be sorry I did this. If I am, I'll return the 3 cents." I said he could if he liked. I made out a contingent slip and he suggested I mark it "Treat." I said no, it would have to be marked "Loan."

3-20-44: Peter asked immediately if he might "introduce" me to a set of new characters—"Satan's Squadron." They are like a commando group for "morale building." He dictated the list, making it as varied as possible in nationality and personality. He asked whether I thought his characters were silly. I asked whether anyone had said they were. He said some of the boys thought so. I said I didn't think anything that was important to a person was silly. I would only question his characters if they took the place of real flesh-and-blood friends. He said, "Friends go back on you. They're nice to play with for a while, then they stop being friendly." I said we might try to find out why they do, if he could tell me when this happened. Maybe he was thinking that I go back on him sometimes—for instance when I didn't give him extra money. He denied that this was so. I said I knew money, like the 3 cents last week, was very important to him. He said it was just that he saw a picture on a new comic book which made him want it right away. He said he didn't know whether his father would give him his allowance this week. I said he might want me to give him that amount extra, but I couldn't go beyond the 40 cents we planned. I said I had a feeling that the money Phyllis' caseworker and I gave them might be a way they tried to get ahead of each other. He said he didn't feel exactly mad at Phyllis but was jealous, especially when she got a treat he would have liked, such as the trip to the museum with the casework aide. I assured Peter that it was natural for children to feel jealous. The reason I wanted to help him with it was that jealousy can make people unhappy. I imagined that he could feel jealous of all the younger children at times, but he didn't feel so guilty about Phyllis as about the babies. He smiled broadly and agreed.

3-27-44: Peter asked for his April allowance. I explained that it was not due till Friday, the 31st. He became very insistent, saying he didn't see why he couldn't have it today. "This is the end of the month." I said it wasn't quite the end.

I knew he would like a special privilege, but I thought we'd have to stick to our plan. He continued to coax and sat on the stairs reading the comic sheets. I promised we would talk it over and he could tell me how he felt about my making him wait.

The "budget experiment" was clearly bringing out Peter's hitherto somewhat repressed desire to be given more and more on his own terms. He rebelled openly against any restrictions or postponements. This rebellion appeared as insistence and coaxing rather than sulkiness or resentment. The experiment seems to have had value, not primarily as an educational experience in accounting for money spent, but rather as an opportunity for Peter to make demands freely and to find that limitations and denial at points were not damaging to our basically good relationship. The handicapped child naturally fears loss and, in Peter's case, he had erected strong defenses against this possibility by his initial inability to ask.

4-4-44: Peter came in without an appointment, accompanying a friend whom he had earlier brought to the agency for help. I said I was interested in his wanting other children to come in to our office and asked whether he felt pretty clear now about why people came in. He said he thought grown people came in about worries like a man's being out of work, Children came about problems or they came when their parents could not do things for them that were nice for them to have. I asked Peter what he thought his problems were. He reflected for a minute, then said, "Maybe school problems." I expressed surprise. Did he think he had a school problem? He said, no, he really hadn't. Maybe it was his "budget" problem. I said he didn't mention the problem of his arm. I knew it wasn't easy for him to talk about it, but I also knew it was something that worried him. It makes a lot of difference in our happiness as we grow up if we can manage our handicaps. That's what I wanted to help him do. Peter listened intently, with tears in his eyes. I said sometimes people use their handicaps to get other people sorry for them and to escape taking responsibility. That comforts them for a while, but they miss a lot of fun in the world. Peter said, "I only try to get pity when someone fights me. Then I cry and say, 'I'm a poor boy with a hurt arm.'" I said I could see that this might be a way he would protect himself when he was frightened. Another way Peter tried to make up for his handicap seemed to be by outwitting other people. I said he was a clever boy and it must be pretty easy for him to get an advantage over the other children. He

smiled broadly in response. I said we could both watch to see how fairly and squarely he could use his intelligence without merely "putting one over on the other fellow."

I said another thing that Peter had told me was on his mind was his jealousy of Phyllis. I reminded him again that this wasn't wicked—it was just very uncomfortable. I knew that large families were fun in some ways, but it wasn't always easy for children to share as they had to. I could tell that Peter felt he didn't get a big enough share from the way he wanted more and more from me and wanted me to do special things—about the allowance, for instance. I reassured him that it was all right for him to ask and it was all right for him to question why or even get mad when I couldn't do as he wanted. I had to do what would help him, but I would not get angry at him if he let me know how he felt. He could always feel safe about that. Peter made no direct answer but his attention never faltered and he seemed to understand me.

4-7-44: Peter in with Billy Flynn, his friend. Billy's mother had asked a caseworker to plan camp for him this summer. I told Billy we were planning to have him see someone and introduced him to a caseworker. Peter said, when Billy was out of the room, "He's a little shy. I wanted him to 'join' because he seemed sort of lonely. There's another boy I'm going to try to bring in." I said it was nice that Peter had enough confidence in us to want us to help other boys.

5-15-44: Mrs. S came in with the three youngest children. I asked her about Peter's babyhood. She said she nursed him for six months, then had to stop very suddenly. Something decreased her supply of milk or the quality of it and Peter lost a pound in a week. The doctor said he must have bottle-feedings at once. He fought against them and would take nothing, not even his orange juice. Mrs. S finally turned him over to her mother who succeeded in feeding him. She had no trouble training him to be clean. In fact, when he was no more than nine months old he used to be completely dry at night. It rather worried her. The doctor said he apparently never urinated unconsciously. Mrs. S thought it might be related to her habit of changing his diaper the minute he was wet. She spent a great deal of time cleaning him up. When it came time for his bowel training she was pregnant with the baby who died. She would get tired with her various duties and put Peter on his pot and leave him. He got to hate it and would cry and fight against it. She said, "He had some bad little habits too. He sucked his thumb and masturbated." She now felt sure he was reacting to her own nervous, tense way of caring

for him. I asked whether he continued these habits. Mrs. S said he seemed to be "broken of them" during his stay in hospitals and the convalescent home. She realized that all young children engage in some sex play. It worried her recently, however, when some slightly older children did some "investigating" with Anne and Phil. She had never stressed "modesty" with the children and often bathed the younger girls and boys together. Peter on his own seemed to be acquiring modesty and Phyllis imitated him in this respect—making the other children keep out while they were dressing, and so on.

Mrs. S thought Peter was in general a happy child. He ate with relish now, although he was a little fussy about fat on meat and preferred red steak to stewing meat. She thought he had some feeling about his arm because it put him at a disadvantage and looked odd. She herself was always sensitive about physical peculiarities or handicaps. I asked whether she found Peter inclined to make up for his handicap by outwitting people. That might happen with a bright child. She said she thought she might have encouraged him in this respect. She was worried about some of the neighborhood children's threatening younger children, so she suggested to Peter that, since he couldn't fight them, he "put on an act." He told her recently that he pretended to cry and said, "Don't hit a boy with a broken arm." Since then the other children had been extremely gentle and kind with him. I said I could see how a child at a disadvantage might feel he had to use any device possible to protect himself. I thought, however, that we might all help Peter to make the most and healthiest use of his many abilities to make up for his one handicap. Mrs. S said that recently when Peter was sick and delirious, he kept crying, "People are looking at me!" This happened before when he was delirious and Mrs. S thought it might be related to his handicap.

5-17-44: Peter said, "My grandmother is 60 and is always saying she may not have many days to live. That makes me feel bad. I know how it is to think you're going to die." I asked whether he had been afraid he would die. "Oh, yes, when I've been sick. Last week I was afraid I might die and I had such bad nightmares I was afraid to go to sleep. I said, 'Mommy, let me get into your bed.'" He described the nightmares as his mother had his delirium. "People are staring at me, like this." (He glared threateningly.) He said it was hard to describe the way they looked. It wasn't exactly angry, but as if they were going to be angry. They would come toward him, then everything would get all confused and noisy. He said that they were women the last time he dreamed it. He

never dreamed about people's dying, but sometimes he thought about it. "I think, 'What if Mommy should die!'" He did not think his "nightmare" was connected with his arm. "It's not like that." He said other children didn't tease him about his arm, but they were curious about it. They'd ask what was the matter and he would tell them he had had infantile paralysis. He said he could use his arm pretty well. "It has a better biceps than the other one." He could even write with his right hand if he held the pencil a certain way.

6-16-44: I took Peter to his art class. I looked over his folder of pictures, and saw the horse's head he had modeled. His pastel of marching soldiers was extremely well done. His teacher said that he had more than average ability and was an interesting child to work with. She had given him freedom to work at his own speed and to watch the other children at work. He was a sensitive child, so she was careful in criticizing his work. She had been encouraging him to shift from his "comic book" technique to a freer, more original style.

Play school was arranged again for Peter for the summer. The following report was received from the play school at the close of the summer session:

Peter showed marked development this summer. He was mature, intelligent, and co-operative. He was a member of a special discussion group and spoke freely, offering intelligent opinions. Because of his handicap he was easily discouraged at first but eventually he sawed, hammered, and sandpapered—with as good a final product as that of others in his group. He is the best checkers player in the school.

9-14-44: Mrs. S initiated the question of her children's tendency to be underweight and talked freely but with concern about their insufficient rest. [In view of the past contact when our caseworkers and the various health agency workers had deluged Mrs. S with advice and suggestions, I had decided to leave it to her to express concern about routines in caring for the home and the children. I knew that excellent health supervision was available and that Mrs. S was using clinic services regularly.] She said she put the children to bed early but could not be firm about closing doors when they protested, so that they lay awake listening to the radio. She also described their eating problems and their insistence upon having food prepared exactly to their liking. She talked of her own lack of organizing ability, but said she was trying to train and encourage the older children to share a reasonable amount of her burden. I encouraged her in this, since it was clear that her

job was an overwhelming one and that her assignments to the children were in no way overburdensome. She was happy that she and her husband had worked out arrangements whereby he helped her by cooking on Sundays, making minor repairs, and tidying up the apartment. She said that he had never taken much responsibility for the physical care of the children when they were younger, but she was trying to encourage him to be companionable with them as they grew older. I supported her in this.

She expressed much appreciation of Peter's art training as a means of "broadening his outlook." She spoke of his conscientiousness in school and his feeling that his present grade was sufficiently difficult. She noticed, however, that he seemed eager to supplement his school work by reading his uncle's high school history textbooks. I asked how she would feel about Peter's transfer to a private school if a scholarship could be obtained. She said she would be perfectly willing for him to go to a non-sectarian school since he could now get any religious training he needed through classes on Sunday. She preferred the parochial schools to the public grade schools, however, because there was "better discipline."

I thought it important to take into account Mr. and Mrs. S's feelings about a non-sectarian school before looking into possibilities and wanted to give them a chance to discuss the matter with each other and, if they wished, with the Sisters in his present school.

10-16-44: Peter said that he was making up a story on the way to the office. When I expressed interest, he began to act it out—a long, rather confused story of a Japanese machine-gun nest and a band of U. S. "Commando Marines." He reproduced all the gun shots, rattle of machine bullets, and so on with great gusto. At one point, he said, "I guess you're not very clear about this. I know I'm not."

I was interested in noting how much more boyish and aggressive Peter seemed, although he is not a boisterous child. He expressed polite concern for me as a participant, saying, "I don't know whether you'll be interested in this," "We can play cards, if you'd like to," and so on. It seemed, on the whole, to be a kind of courtesy he had acquired, rather than real insecurity as to my interest.

11-16-44: Mrs. S in by appointment. I said I wanted to discuss a possible school plan for Peter and told her about my correspondence with Mitchell School. I said that she and Mr. S might have questions about a non-sectarian school and one with

a freer program than either the parochial or public schools offer. Mrs. S recalled that we had previously talked in general about a change of school and said she and her husband both felt that this would not be detrimental to Peter's religious training. On the contrary, they were both delighted at the idea. Mrs. S asked some specific questions about the school, whether the classes would be smaller, whether Peter would have a chance to take part in dramatics, and so on. I suggested that she talk again with Mr. S and let Peter know there was a possibility of a school change so that he would have time to think about it and discuss it with her and with me. I said he might at first be somewhat resistive since it would mean, if he went, that he would have to adjust to a new group, which always made him a little apprehensive.

12-18-44: Peter came in and asked for paper so that he might draw "a monster, something like a dinosaur, but not a prehistoric one." He drew a grotesque dragon-like figure and expressed dissatisfaction because it wasn't horrible enough. I asked whether he thought or dreamed of monsters. Were they scary to him? He said no, they didn't worry him at all. The only thing that did was that nightmare he sometimes had when he was sick. It was as if people were mad at him and were all mumbling. He couldn't hear what they said but he knew they were angry. "They seem to be pushing me into something like a football game." He didn't feel afraid of the game, but was afraid of the mad people. He asked me if dreams ever foretold the future. He wondered sometimes if they meant he would be in a fire or some other danger. I said dreams did not foretell the future. Sometimes they came from what happened to us in the past. He said he couldn't remember anything like this dream. I explained that it wouldn't be just like it. Maybe when he was a very tiny boy, he thought people were mad at him and couldn't understand what they were saying and doing. For instance, he was probably scared when the doctors and nurses arranged for him to go away to the convalescent home. He said he thought he was. It was funny that he remembered so little about that. He recalled that someone told him they tied children to their chairs if they wouldn't eat. They did tie one boy, but Peter thought maybe it was a joke. He didn't think they tied him.

I asked whether he had other nightmares. He said once in a while he dreamed that his mother and father were killed in a fire. He would get up and see that they were all right and would not worry any more. Anyhow that wasn't nearly

so scary a dream as the other one. He said sometimes he thought, right in a dream, "This isn't real and I'll wake up." When it was a good dream, waking up was disappointing. His best dream was that his mother met him at the door with a big pile of comic books for him. He said, laughing, "I wish I could at least look them over before I wake up!"

1-8-45: I took Peter to Mitchell School for a day's visit. He showed none of the uneasiness he had shown when I first took him to his art school. He left the principal's office eagerly to join his class. The principal said the children were to do special things for the day and it was clear that Peter would be observed from the standpoint of his ability to fit into the group educationally and socially.

When I returned at 3:30, Peter was playing in the snow with a very lively group. The principal said immediately, when I saw her, that she would like very much to have Peter in the school. They thought he was a very fine youngster and the children had already accepted him warmly. He could begin the next day.

Peter, when told of the plan, was almost speechless with delight. He could only say, "That's wonderful! Gee! Boy!" He was puzzled about how they knew so soon that they liked him and wanted him. He was obviously totally unaware of having been under any observation. He asked me whether it would be all right for him to start right away. Would the boys in his present school think it was wrong for him to leave without explaining to them? I said he could tell them when he played with them after school, and could let his mother discuss the plan with the Sisters.

He told me with much enthusiasm about his day. He knew most of the children already and it was "a little democracy"—children from other parts of the country and a Chinese girl and a Negro boy. He said it was even better than play school. It seemed as if Peter had discovered an enchanting new world.

He asked when he would get the scholarship and was again delighted to know that he had it without "passing a lot of tests." I talked with him about it, explaining that the school and the Community Service Society wanted to give him this special opportunity because we knew it would interest him and make it possible for him to learn things that couldn't always be taught in the big and crowded parochial and public schools. We explained that he would have more freedom and this would be fun, but sometimes hard, because without so many rules you had more responsibility for yourself.

Mrs. S was delighted with Peter's acceptance at the school and said the Sisters approved the plan if he continued his religious instruction in the Sunday class.

1-15-45: Peter said he was spending several nights a week at his grandmother's. He was very enthusiastic about his school, saying, "Of course the nicest thing in the world is being with my family and my aunt and grandmother but when I do anything else, I would rather be in school than anywhere else, even playing."

He was having physical training and could climb a rope a little way. He was also playing basketball and stayed after school sometimes for extra play. I asked him whether the other children talked to him about his arm. He said a few had "in a friendly way." I said they might be interested and maybe he could tell them what the doctor was doing to help him.

1-16-45: Mrs. S and I discussed Peter's school plans and Mrs. S explained the arrangement about his staying with her mother and sister. He came home week ends and once during the week. Her only question was whether Peter would be spoiled by the unusual amount of attention he was getting. At home he must share both privileges and responsibilities and at his grandmother's he was treated "like a king." His aunt had been bathing him and Mrs. S questioned this, since he had to take care of himself at home. Miss J said she wanted to show him how to get very clean, so that he would be able to keep himself very tidy. I said I knew that Peter got a great deal of help and satisfaction from his grandmother and aunt, but I could also see why Mrs. S might have some concern about the effects on him and the other children if he were singled out in this way too much. I said that I realized we had to guard against the same danger and hoped that I could work through Mr. and Mrs. S as much as possible so that Peter would think of and turn to his family when he needed things.

Mrs. S said that the school plan seemed to be having a good effect on the family. Her husband seemed to have more ambition and was working along with the other children, and teaching them how to help her. Peter was so "on top of the world" that she had to "bring his feet down to earth" occasionally.

1-22-45: Peter and I talked about his staying with his aunt and grandmother. I asked whether he ever got homesick. He said, "No, I think my family is wonderful, but I don't feel homesick when I'm at Nannie's." I said it might be hard sometimes for him to be the only one getting attention at grandmother's, then to have to share everything at home. Maybe he could

manage it and enjoy both. That would be fine, Peter said; he wouldn't want his family to think he was spoiled. I said no, and that was something to think about when he told them about school. He said he liked to talk about it to them and I said I thought that was very important for him to do. Maybe he could be a little careful not to be boastful in a way that would make the other children dissatisfied. For instance, it would be better not to say, "Look at all the nice things I have that you don't have!" He laughed and said, "Oh, if I wanted to boast, I wouldn't do it that way!" (implying that his technique would be more skilful).

1-29-45: I called at the James's apartment, and talked with Peter's grandmother. She said she thought it was wonderful for Peter to be at Mitchell and stressed very much the physical advantages of his staying with them. She talked of Mrs. S in a rather rueful, sympathetic way. She loved to do things for her, but felt nervous and exhausted after a day spent there.

I had an opportunity at one point to suggest that Mrs. J and her daughter could help Peter best if he was not too much indulged, beyond what was possible for him and the other children at home. She seemed to see that he might be confused by a very different sort of treatment, but it was obvious that she had a need to make up to him for what he did not get in the way of good routine, regular meals, and so on.

4-8-45: I talked with Peter's teacher, Mr. Young, who gave me the results of his tests and expressed interest in learning about Peter from my standpoint. He said Peter was an extremely bright child. His I.Q. was among the highest in his group (about 25 children). On his achievement test he was far advanced in reading and spelling, but somewhat below the average of his group in arithmetic.

Peter was well liked in his group and was so social that he tended to leave what he was doing and make the rounds of his classmates. He had some difficulty in subordinating his own interests to group projects and sometimes insisted, in a pleasant but tenacious way, on doing something out of line or duplicating what another child was doing. He was so popular that the other children were very protective of him and helped him beyond what was necessary. Mr. Y had watched this and had been firm with Peter about doing things for himself. Peter had been able to play basketball with some special consideration by his group, and he had sufficiently good co-ordination to be able to develop some skill in the game as he became physically stronger. He was a very careless child, constantly mislaying his belongings. Mr. Y was interested in my telling him of the

difficulties in organization in Peter's home and the tendency of his aunt and grandmother to take complete responsibility for him. We agreed that Peter was well able to take some discipline in regard to self-help and care of his possessions. I asked if Peter participated in group discussions. Mr. Y said laughingly that he certainly did. In fact, the group had to limit him by joking about his filibustering.

Peter was interested when I told him what Mr. Y and I discussed. He said that he knew he was not too good in arithmetic. The teachers at St. Cecilia's School were always so strict about accuracy that he still got rattled during tests for fear he would make errors.

4-23-45: Mrs. S wanted to tell me about a long talk she had with her husband last night. For the first time he seemed free to express his feeling about her family's taking over so much of the responsibility for Peter. She knew he was concerned and had had a disagreement with her sister while she was in the hospital, but she thought it was in relation to their buying Peter so many things. It turned out that Mr. S really felt unhappy about Peter's staying there so much. Mrs. S thought it was not only a resentment of their absorbing him, but a real feeling of personal loneliness for Peter. Mr. S loved him and was so proud of him that he liked to have him with the family. I told Mrs. S that I recalled Mr. S had felt Peter had been taken from him when he was a baby. She said that was true and he recently reproached her sister with this. We talked about her family's general attitude toward Mr. S and she said they had always thought she could have married someone who was more adequate.

Mr. S in some ways led a harder early life than she, although her family had many troubles. His mother died when he was 7 and he was shifted about during the rest of his childhood. He didn't have some of the contacts and advantages she had had. I said I could see that he would be especially sensitive to anything that made him feel inadequate.

Did Mrs. S think the school plan also raised questions in Mr. S's mind? She said eagerly that she did not. He had been unqualifiedly enthusiastic about it. He seemed to get personal satisfaction from Peter's intelligence and achievements.

I said that all this was very important and Mrs. S was wise to think over carefully what was best for all concerned. I could see that the interest of her family was valuable for Peter in many ways, but it was of primary importance that his relationship with his father be a strong and happy one. As Peter grew

up, his father would be someone he modeled himself after. I thought Mrs. S's job might be a hard one, since she might be somewhat torn between people she was fond of. She said that was so, but she would try to work it out. She planned to have Peter gradually spend more nights at home. I suggested that it be clear to all concerned that home had priority and that, when it was clear that was where he belonged, he be allowed to visit his grandmother fairly freely. I thought it would help if his grandmother and aunt could see the importance of his father in his life so that they would not undermine him in Peter's eyes or throw Peter into conflict by competing for him.

I said I would like to see Mr. S sometime. He was working such long hours that even evening appointments were not possible, but Mrs. S thought he might come in if he ever had a day off. She said it had helped her a great deal to discuss all this and she would tell Mr. S what we had talked over. She said, "He will be awfully pleased that you think he is important to Peter."

5-28-45: I visited Peter's class at the Children's Art Institute for their final exhibit. One of his paintings was hung on the wall—a very colorful, impressionistic scene. The teacher said Peter was a most interesting child. He spent a great deal of time mixing colors in an experimental way and in consequence did not complete many pictures. He had in his folder one sheet of black and white drawings of heads, very competently sketched and shaded.

Peter was showing increasing interest in physical activity. He brought in a ball and demonstrated how he played handball. He was eager to learn tennis and was delighted when I gave him a racket we had in the office. He was quite adroit with his left hand and could even use his right arm a little. He said he still loved to read, but did not spend nearly so much time doing it because of his enjoyment of the outdoor games.

Peter's school report at the end of the term stated that he made an excellent adjustment to the group. He showed increasing self-reliance and persistence, but needed a greater sense of responsibility in caring for his possessions. In all subjects except arithmetic his proficiency was well above his grade level (6th).

6-28-45: I visited Mrs. S at home. The apartment was disorderly, the beds unmade, and much laundry on all the chairs. The children and Mrs. S were simply dressed, but clean. Mrs. S referred to the upset condition of the rooms and her feeling that she contributed to Peter's carelessness by her own poor

organization. She said ruefully that she never was a good housekeeper and I granted that this might make her job harder, but that anyone would be overwhelmed by her responsibilities. I said I could see, as she did, that upset and confusion could have an effect on children, but there were real values in her home for the youngsters. She said she hated to slip into the habit of nagging them too much as she did when she tried to have things neater. They were good children and helped her in many ways, but she did not want them overburdened.

Mrs. S asked how she should handle Peter's carelessness with him. Should she scold him about each thing, for example, putting his shirt on backwards, forgetting to tie his shoes, losing things, and so on? I suggested she insist on the important things and let the minor ones go, even though he might not always look as nice as she would like. I said that she might try letting him take any logical consequence of mislaying things, or losing them. If, for example, he lost his money for a trip or something for his scrapbook, she could tell him she was sorry but not give him more. I could imagine that Mrs. S got many suggestions and some criticism from the relatives about her leniency with the children.

Mrs. S said she was so relieved when we talked things over. She loved to have someone to consult, and she felt so much better to know that I thought she did pretty well.

In July, Mrs. S had a long interview with the home economist of the agency, with detailed discussion of her household management. It was clear that the \$40 Mr. S allowed her for running the house was almost \$7 too little for her needs and that he actually could not afford to use \$8 for his own expenses and \$5 for bonds. The home economist was able to make some suggestions as to low-cost foods and appetizing ways of cooking them which Mrs. S and Peter might try.

7-10-45: Mr. S in by appointment to ask my advice about a physical examination for a foot injury. He was a pleasant-looking man, friendly, but not especially articulate. He talked about his job with apparent satisfaction as far as his acquired skill is concerned, but said he found the travel very wearing, and would like to shift now to something that would last after the war. The company was already laying off men and he thought his turn would come before long on a seniority basis. He was a sheet-metal worker and would like to continue in any mechanical line. He seemed to have no focused ambition, but thought he would "look around" this week and then try to get

a release if he found something. He told me about his foot injury. The doctor at the plant said he could do nothing more, that there appeared to be some chronic condition, and that Mr. S should consult a private doctor. He was offered \$125 as a lump settlement but did not want to take it without a check-up on his foot.

I asked Mr. S whether he and Mrs. S had discussed their budget since her talk. He said, "She didn't say much," and went on to say that he might cash in a war bond. He had about \$200 worth in all and knew he probably shouldn't get the extra one in the 7th War Loan, but he didn't like to tell his boss about his personal situation, so he agreed to take it.

We talked about Peter, and Mr. S said he was all in favor of the school plan. I said I knew he had questioned Peter's staying so much with his grandmother. He assented, saying that he didn't want Peter to grow away from his brothers and sisters. He said rather bitterly that they criticized Mr. and Mrs. S for letting Peter stay up late to listen to the radio, but apparently Peter heard some later programs at his grandmother's. I repeated what I had said to Mrs. S, that I thought the interest of the relatives was important for Peter, but that Mr. S as his father was even more important.

Mr. S did not express much active interest in the individual children, merely smiling in a friendly way or making brief comments when I mentioned them. He expressed considerable appreciation about the appointment I arranged with a doctor known to the agency.

Summary for August, 1945: Since a farm vacation (Peter's request) did not appear possible for Peter, I arranged to have him admitted to a small camp. He was somewhat anxious at first and asked immediately whether it would be a very large group. He seemed reassured when I told him there would be only 60 boys. He hoped they would be in cabins and not in "a long wooden building like a hospital." He regretted that it was not a mixed group, saying that it would be nice to have girls there too. After we talked it over, however, and he read the pamphlet describing the camp, he said he was getting enthusiastic about going.

Peter was rather unhappy for the first week at camp and, although he admitted he liked it better the second week, he asked to be taken home before the end of the camp period, saying that he was homesick.

9-13-45: Mrs. S was very sorry Peter left camp. He told her when she first visited that he would like to pack up and go with her, but he decided it wouldn't "look right" to leave that

way. She gathered that he was upset by having entered camp late. He didn't know his way around and was teased. The director urged that he stay, but he was firm about leaving at the end of two weeks. He seemed regretful in some ways about leaving and obviously had lots of fun at times, but Mrs. S noticed that he kept "taking long breaths" when he got back as if relieved. She was concerned lest she had overprotected him, for she did want him to be a real boy and hold his own in a group. I said I thought his "homesickness" was due to a number of things, such as his lateness in going, his handicap which kept him from excelling in some ways, his early experiences in hospitals and convalescent homes, and so on. I said I had noticed that it was hard for Peter to talk about his feelings of being hurt or inadequate. She said he rarely expressed his hurt to her although she knew he was sensitive. I explained that these feelings stayed somewhere inside him and it would help if he could express them. She said quickly that she was sure of that. She herself had never been able to talk about some of her childhood worries. I said I had wondered whether there had been any sex talk or play but Peter said "only the two tough boys talked that way." She said she also had asked him, but he denied any difficulty of that sort. I suggested that Peter might have questions and confusions about sex both because of things he must hear and because of his own growing up. She thought he knew some things because he told her a boy wanted to "do something" to Phyllis and he stopped him. He also told her that a larger boy tried to get some of them into the woods to do bad things. She was glad he could tell her. I said it seemed important for Peter to have as much knowledge as he needed so that he would be clear about facts and not worry unnecessarily. She thought she would like to read a book to help her with the children and I said I could lend her one. She thought the Catholics had a somewhat special point of view about sex. "They don't go into things as much—just a little at a time." I said that the little-at-a-time was a pretty good idea. The best way was to answer children's questions honestly as they showed curiosity and to give them opportunities to ask. Mrs. S said, "All these things come up so casually in our family it would amuse you. There's so little time to sit and talk."

In discussing Peter, she said she thought she was fairly tough with him at home—sometimes she wondered whether she made too little allowance for him. When he was slow making up his bed, she tried to hurry him, then stopped to consider how hard it would be for her to make a bed using one hand almost entirely.

Mrs. S said she encouraged Peter to think his arm would be better some day and her mother criticized her for this lest it raise false hopes in him. I said the doctor had been hopeful, and Peter might safely know this. The main thing was not to keep him from talking or complaining about his arm to her. He really had something to feel bad about and had to be a good sport in so many places that he might need to let off steam occasionally.

9-6-45: Peter came in on the day I returned from vacation. He brought a Monopoly game. After showing it to me and chatting about it for a while, he laid it aside, sat down, and said, "Well, shall we talk about why I didn't stay at camp?" I said that would be a good idea so that we could get to understand what made him unhappy. He said there really wasn't anything wrong with the camp. At first there were two "tough boys" in his tepee who ordered everyone around and "boasted of their criminal records." Then he and some of the others were moved to another group so he was happier. He summed the situation up by saying, "Mommy had told me that going to camp was not an obligation, but to give me pleasure. So I decided that I would have more pleasure at home." He thought maybe he liked to think of just two weeks at camp.

I told Peter that being homesick was nothing to be ashamed of, but it needed to be understood. There were lots of reasons for it and, if it should get the better of us, it could get in the way of our doing necessary things at times or of our enjoying some very nice things. I asked Peter if, for example, he worried about his mother. He said no, it wasn't like that. He seemed to be struggling to express what was wrong, but would only repeat with tears in his eyes, "I don't know." I said it was likely he didn't know. Maybe some of his feeling went away back to the time when he was sent away for convalescent care and was so miserable as a little boy. He knew now that he would come back as he feared he wouldn't then, but that scared feeling might still be there. I said I knew the plan was made very suddenly and he had perhaps too little time to get used to the idea. He might well feel sort of mad at me about that. He said immediately that he really didn't. I said it would be all right if he did; I was his friend and he could tell me how he felt.

9-13-45: When Peter came in he brought in a toy from the playroom and talked rapidly about it, then mentioned that we might play cards. I said that maybe he was uneasy about talking more about his feelings. It was fun when we played, but we had some things to work on too. It was hard for him to

talk about feelings down inside him but he would feel better in the long run. He was tense and almost tearful, but again settled down and talked. He said he felt a "little bad" that Kathy and Phyllis had done better than he in staying at camp. We talked about how his arm entered into his feelings. The boys didn't tease him, but he couldn't do some things as easily as they. I commented that Peter wanted so much to excel that it was hard for him when he felt inadequate. He nodded. He was able to tell me that he was worried for fear he could not find his new school building (the Junior High School) when school started on the 24th. He hoped he would be in the group of his friends, and so on. I told him that someone would go with him the first day, that I knew changes were hard for him.

The discussion of Peter's camp experience showed that although he still attempted to evade by playing, he himself had the courage to initiate the subject and was able, when I recognized his fearfulness, to admit that he felt bad over the little girls' better adjustment, and to tell me of his anxiety about his change of school buildings. In the following interview we note that he could say spontaneously in talking about his arm that he was frightened. Previously he had talked about his treatments factually, with no apparent affect.

9-17-45: Peter came in and talked freely about having gone to the clinic. He said he need not go more than once a month this fall. He did not know when the doctor would operate on his arm. He said, "I'm awfully scared of it." I said I could understand that he might be. He asked how long he would be in the hospital and said he hoped they would postpone it until he was 50. I said I didn't know how long he would actually be in the hospital, but maybe he could talk to his worker in the hospital about it. As I understood it, he was likely to have much better use of his arm after they fixed the muscles. He said he would like that. He said next that he had invented a new character, a Dutchman, who has adventures in Indo-China. He then interposed, "I guess I'm changing the subject. I don't mean to change the subject, but I do want to tell you about it." I smiled and said, "Well, maybe you are changing the subject, but it's all right." Before he left, he talked about school and seemed relieved that his grandmother would go with him. He said, "I'm a little scared of the new school." He hoped his friends would be there. I asked about friends at camp. Didn't he like the boys there? He said earnestly, "Oh, yes, I just loved some of them—well, not exactly loved, but I liked nearly all of them."

9-25-45: Peter came in after his first day at school. He greeted me in French, shaking hands and saying, "Enchanté." He was able to express anxiety about his gym period. "It's going to be so tough, it scares me. We're to go to the park and climb cliffs." We discussed whether he would like me to explain for him that he was worried about not being able to do everything. He thoughtfully said he guessed not. He believed he could explain it himself. He expressed some disappointment about not being in the group with all his former classmates, for example, "a certain person" whom he would call "X." I said, "Shall we say 'Miss X'? It usually is when a young man talks about 'a certain person.'" He laughed heartily. He said he liked girls, but he didn't eat lunch with them or go to the movies with them because the other boys would kid him.

He said he had to plan his lunch money better. Today he spent 67 cents (listing innumerable items he had eaten), so tomorrow he must eat economically. He could charge his lunches, but we both agreed that it would be fun for him to learn to buy them within a week's budget.

Summary for October, 1945: Mrs. S and I discussed Peter's school expenses. She said he seemed aware of the lack of extra money at home. She wondered whether she should try to give him money more often to reassure him. I said I knew how little leeway they had, even for their basic needs, and I suggested that, instead of giving Peter his carfare and lunch money directly, I arrange it through her. In this way, he would not feel that we were giving instead of his parents, even though he might understand that we were helping with the plan. She seemed pleased and I arranged to give her \$10 every four weeks to cover lunches, carfare, and allowance.

She said it had been decided at the clinic that Peter should continue to come in for his exercises. The doctor in charge of physiotherapy thought the treatment and exercise would be beneficial. There was no plan to operate at present and it seemed likely that nothing would be done until Peter had reached his full growth. Peter was very much relieved since he was apprehensive about another period in the hospital.

Mrs. S said she had been thinking about sex information for Peter. She really wondered how much he knew, for he made very naive comments at times. I said I thought it was not necessary to give him a complete stock of information. My main concern would be that he not worry because of wrong or incomplete information at any point. Youngsters of his age who were entering puberty had new feelings and impulses and might get worried about occasional masturbation or sex curiosity.

Mrs. S asked if she might borrow *Growing Up*¹ and I lent her a copy, suggesting that we talk it over after she had read it. She said that recently a 4-year-old girl who played with Anne was playing "doctor" with Phil and Johnny, pretending to take rectal temperature. Mrs. S said she impulsively slapped the child and sent her home, much to the mother's indignation. Mrs. S was very repentant, saying that the child was an only child and very curious about other children's bodies. She knew the behavior was understandable but felt a sort of panic when it happened. She related the feeling to her own strict training by an aunt.

Mrs. S said Peter loved his school and was enthusiastic about French and other new courses. She expressed considerable concern about his continuing carelessness with his belongings, especially his school papers. She blamed herself for much of his difficulty because she had never been a good organizer. She admired mothers who could feed the children with one hand and straighten up something with the other. I said I knew it was hard for her with her overwhelming job to keep things in order at home and this might contribute to Peter's carelessness. I thought, however, that there were certain responsibilities he could take, since he actually had his desk and bookcase for his possessions.

10-11-45: I went to Mitchell Junior High School and talked with Miss Moore. She was concerned about Peter's carelessness, but expressed great interest in all that I could tell her about his background. I told Miss M something of Peter's home situation; the interest of his parents in helping him, along with the great confusion and crowding which made organization and neatness difficult. I also explained to her the protectiveness of Peter's aunt and grandmother, who left him little personal responsibility. She listened eagerly and was also interested to learn of Peter's previous parochial school training, where he was held more firmly to routines. She was already aware of the part his handicap might play in his general adjustment. She said he was very bright and attractive. It was on points of routine and discipline that he did not measure up.

Mr. Lloyd, Peter's mathematics and science teacher, joined us and made the same comments, that is, Peter was intelligent but inclined to be immature and irresponsible. I said that I saw no reason why Peter should not be held to reasonable standards of performance and be helped to see that he must not only enjoy school but also contribute. Apparently he was still very social and happy in his group. Both teachers felt that he

¹Karl de Schweinitz, Macmillan Co., New York, 1928.

for Peter to remedy these unsatisfactory phases of his work if he would make the effort.

Mrs. S told me that she had intended to "soft-pedal" the report so that Peter would not become tense and overanxious, but when he took the stand that she was exaggerating the seriousness of the matter she told him just what Mr. L had said.

When I saw him December 12, he was very serious. He began immediately by saying, "Something awful has happened," and went on to tell me of his mother's interview at the school. I said that it was a real problem he was faced with and that we would all try to help him if he was anxious to do something about it. We would have to figure out some of the causes of his difficulty. He said he just seemed to forget—for instance, he forgot to bring home his mathematics homework and then of course he could not do it. I said that he and I both knew that the trouble was not one of inability to remember. He had fine equipment to remember with and it worked pretty well when he felt it to his advantage to remember. Forgetting mathematics homework was a pretty neat way of avoiding something unpleasant, wasn't it? I was able to give Peter two other illustrations of his avoidance of difficult tasks—his saying he couldn't paint much because he had no "inspiration" and his stopping reading a book because he was afraid "it might be going to be dull." I said I could understand some of his reluctance to tackle hard or unpleasant things. He was hurt pretty badly when he was a little boy and, although he had been a good child and not complained much, he must often feel deep down inside him that it wasn't safe for him to make an effort for fear he would fail or not be as strong and capable as other boys. Peter looked at me intently, his eyes filled with tears. I said that his actual physical handicap was more than made up for by his many physical and mental abilities. His real handicap was the way he felt about it all and that is what I wanted to help him with. I said I knew about him when he was only a baby and I remembered him well when he was 6. I reviewed with him what had happened during his illness and convalescence, how he had been lost and miserable when he was taken away from home, how he had resented Phyllis when he returned home and found her playing with his toys, and how he had progressed from being a very lonely, vague little boy to being the social, popular boy he was now. His interest never faltered, although he made no verbal response.

12-13-45: Mrs. S in to discuss her conference at Peter's school. Although I had told her of my earlier conference and

the report of Peter's carelessness, she seemed deeply shocked by getting it firsthand.

She confirmed the fact that the younger children did take Peter's possessions, not only when he left them around but from his desk. I asked what she did when this happened and she said Peter scolded them. I granted that it was hard for little youngsters to use judgment about papers, pencils, and so on when they were lying around, but suggested that the children be forbidden to rummage in Peter's desk. She thought she could manage this, because she had trained them all not to touch the gas stove. She said things were really dreadfully disorganized. She ought to do better and have a routine. I said that a perfect routine would be impossible with seven children in so small a space. Perhaps she could start with one or two simple things, such as training them to respect the few places they had for personal possessions.

In a discussion of the family's tight financial situation, I said that it might seem strange to her at times to have us providing special things for Peter and Phyllis if certain of the necessities were lacking for the whole family. I hoped she would keep me informed about the money situation in the family and would let me know about special pressures. She said the Christmas stockings would be a great help and would make it possible for her to buy a few clothing items. Mr. S was making high-chairs, wheelbarrows, and so on for the children. She hoped she was not "building up Santa Claus" too much. Phil rolled on the floor in ecstasy whenever he thought of him.

Summary for January, 1946: Mrs. S came in on January 3 and expressed further concern over Peter's extreme carelessness and irresponsibility about his homework. Peter had been cleaning out his desk and throwing away everything he didn't need so that he now had more room for his papers. Mrs. S had been thinking about Peter's earlier childhood and believed that his carelessness with his possessions began when he was away at the convalescent home. She used to take him presents whenever she went and friends also sent him many toys. The nurses noticed that he seemed to pay little attention to them, left them around or lost them. I said that perhaps Peter was so homesick that they were not what he really wanted. Mrs. S said he was very distant in his manner with her as if he didn't care much about her. She guessed that was part of the same thing.

She became markedly annoyed at Peter during his long Christmas vacation at home. It seemed as if the conference at

friendly. She thought she might go to one of the series of talks for parents if she had sufficient "background" in education. I assured her that the talks on progressive education would not be beyond her and that undoubtedly there would be other parents without college training. She said wistfully that she hated to get into a rut and that she really enjoyed something outside her day-by-day work. She would also like to feel a part of Peter's school life, where the parents were brought into things.

We discussed summer plans and she signed the application for a bungalow at a C.S.S. camp. She hoped Peter would consider going to a boys' camp too. He needed building up so much. He was getting much more independent and loved to go off with his friends, exploring the city. I said I thought she deserved a good deal of credit for helping Peter become more independent. It would have been so easy to overprotect him. She said she was convinced that children were really happier if they could do some things on their own.

Mr. L had told Mrs. S that Peter was coming on all right in school. Peter brought home a work assignment which he wanted to do because, while it was not compulsory, it would earn special credits. He asked her to help, but since it related to time sheets and pay schedules, she suggested he ask his father and they spent the evening working on it together. Mr. L told Peter it was one of the neatest jobs in the class. I said it was fine that Mr. S could be brought in this way to work with Peter.

Summary for February and March, 1946: When Mrs. S came in, she was almost in tears about a disagreement with Mr. S. He had gotten one Unemployment Insurance Benefits check and would probably get another soon. He had been getting some upholstery work, up to \$30 one week, but showed no concern about reporting this. She said it worried and hurt her because he felt so casual about something that she considered wrong. She thought the benefits were something for the people and they should play fair. Mr. S finally asked her to discuss it with me, saying he would do what I suggested. I recalled that this had happened years ago and disturbed Mrs. S then. She said she knew Mr. S was tempted because he could not support the family on his present earnings. I said that Mr. S should ask whether he was entitled to the current check (dated before his \$30 work-week). However, I was sure that it would be very risky, aside from any moral considerations, to accept additional checks. Since his endorsement of the check certified that he had been unemployed, he would be making a false statement if he endorsed and cashed the future checks. I suggested that on his weekly visit to the Unemployment Insurance Benefits

office in New Jersey Mr. S get specific information as to the proper procedure for reporting part-time work and earnings. I also suggested that rather than use the Unemployment Insurance Benefits check illegitimately to supplement his earnings, he and Mrs. S discuss their financial situation with me. Then it could be arranged through our agency or the Department of Welfare for them to have the extra money they needed. Mrs. S seemed greatly relieved and said, "You don't know how it helps me to talk over things like this with you."

Peter's attitude about his school work seemed more responsible. He went to Mr. L for extra help with his mathematics and got special commendation for the work on an extra assignment which he volunteered to do. His mid-term report, though generally good, indicated that he was still careless with his possessions.

Peter had made a number of friends in his class, went to their houses, and took them to his grandmother's apartment after school. Their mothers seemed to like him and told Mrs. S when she met them at school affairs that they liked him to come and play with their youngsters.

Summary for April, 1946: In an interview early in the month, I asked Peter about the stomach pains that he had complained of in February. He said he thought he was just "melancholy" for a couple of weeks. Nothing particular had happened to cause it. He just lost interest in school and everything. Then he developed a new hobby, collecting first editions of comic books, and he felt very happy and enthusiastic once more. He commented, "Nannie says it's sinful to be so happy about comic books." He didn't agree, because he didn't take time from his lessons. He was really studying hard nowadays.

We talked about camp and I told Peter about the possibility of camp this summer. He thought it "sounded good," but was inclined to make excuses for not going—he might visit a relative in Massachusetts, and so on. I said I wanted to give him more time this year to think about camp. His mother and I both thought it would be a very good thing for him to have one of his four months of vacation out of the city. He agreed to go for a physical examination and talk with the camp representative. I had a feeling that Peter's objection to camp was largely a fear that he might be regimented more than he liked, rather than a fear of being away from home.

On April 4, Mrs. S was very happy about Mr. S's new job in a federal shipyard. He would earn from \$50 to \$60 a week and they both hoped he would get permanent civil service status. Mrs. S told me she expected a baby in October. On April 24,

Mrs. S had a miscarriage and was admitted to a hospital. A homemaker was sent in to help with the care of the children and alleviate Mr. S's anxiety lest he have to lose time from work.

Summary for May and June, 1946: Peter was worried when his mother was hospitalized for the miscarriage although he was with his grandmother at the time. When she had to return three weeks later for further hospitalization, he expressed considerable concern about her needing to rest more. I talked with him about what had happened and he said his mother explained it to him pretty clearly. He told me about his mother's having to pay the full clinic fee of 50 cents for each visit and said he thought he ought to do something about it. I told him of our plan to have one of our agency nurses help his mother with all their health arrangements and he seemed relieved. He was also relieved when he learned that a homemaker would come again. [Peter's anxiety at this time was in the nature of a mature concern about his mother's being run down and the expense of the clinic visits.]

Peter agreed to an interview with the camp director and said he liked him. He still continued to be somewhat resistive to going to camp at all. Mrs. S was very anxious for him to go and said she would be rather firm with him about it since it seemed especially important from a health standpoint. I talked with Peter about his resistance, asking him if he thought he would be homesick or perhaps did not like being under any routine. He said quickly that it was not homesickness that he was afraid of; he did not like to do things at a special time. Anyway, he thought the country was much less interesting than the city. It was all just one thing, whereas movies and radio were much more varied. He added that it was probably "treasonable" to say so. I said that he might find considerable variety in the country if he really got to know the outdoors. That was why we all wanted him to try again in a good camp.

Peter had had some conflict with his mother about his bedtime. He did not see why he could not listen to later radio programs and sleep later in the morning now that school was over. I asked him if he really thought the little children would let him sleep late but he insisted that he could. This was contrary to his mother's account of their waking him. I recognized that he would naturally want to stay up late like a grown person and explained to him that the problem would seem to be how to assure him the extra rest he needed.

Peter's final report for the school year indicated average to outstanding achievement except in mathematics. He showed improve-

ment in general responsibility and care of his possessions and was said to make a fine contribution to his group by his "earnest attention, good judgment, and sensitive imagination." He took part in physical education activities, playing floor hockey and softball, and swimming. The teacher said he did well and showed a good spirit.

After school closed, he helped his mother a part of each day with the younger children and also helped at play school three hours a day. He was extremely proud of this small "job," considering himself a staff member at the school.

Summary for July and August, 1946: Peter continued to express doubt about camp, saying, "One minute I'm sorry it is for only three and one-half weeks and another minute I'm in complete despair." I felt, because of my knowledge of the camp and Peter's good relationships with other children, that it was sound to remain firm about his going rather than leave it entirely up to him. His mother supported me in this. We both reassured him as much as we could legitimately and he finally set forth cheerfully. On his return, he talked with enthusiasm about his experience and said he thought the camp 100 per cent better than any other camp he had known. He would not commit himself about returning next summer, but was eager to go back for a winter week end. The report of the camp director characterized Peter as a quiet, studious—though forgetful—camper, well liked by his fellows.

Peter participated fully in camp activities, including athletics. His counselors found him friendly and open. He accepted correction well, tried to do what was asked of him, and never sought favor or exemption from duties because of his handicap. It was felt by the director that the camping experience was of particular value to Peter in its direction of his energies from too much preoccupation with intellectual pursuits to creative group activities.

Beginning with the fall of 1946 and continuing in 1947, Peter made many gains in his school adjustment. With the help of his teachers he had become better organized and more responsible about his class assignments. In an attempt to discover some further clues to his poor work in mathematics, I referred him to a psychologist for retesting.

She reported Peter's intellectual equipment to be exceptional. On the Revised Stanford-Binet Scale his I.Q. was 157, which might

not be maximal since he still had successes at the uppermost level of the scale. He had no failures below "Superior Adult II" and excelled in all areas "showing intellectual insight and reasoning ability as well as superior verbal facility with which to express his concepts."

An achievement test showed that his performance in arithmetic was far short of his capacity.

I discussed the test findings with Mrs. S and Peter. Both were reassured that the test showed Peter's unquestionable capacity.

I sent a full report to the school, covering the test findings as well as a picture of Peter's distracting home environment with the overcrowding and the heavy burdens on his mother. The teachers were keenly interested and responded by giving Peter sympathetic and constructive help. His mid-term report indicated improved functioning and by the end of the school year he was happy and confident about his school record. His final report confirmed his sense of achievement and showed a marked improvement in all-round functioning.

As Peter approaches his fourteenth birthday, he is fairly typical of an early adolescent in size and appearance. His handicap is apparent but not markedly disfiguring. His right arm and hand are muscularly underdeveloped and there is some contraction at the elbow and wrist. He has, however, considerable use of the arm in carrying things, climbing, dressing, and playing games. It is hoped by the doctors that an operation, when he has attained his full growth, will increase his capacity to use the hand and wrist, even though their appearance will never be entirely normal. Peter is a personable boy, with expressive dark eyes and a friendly smile. He has considerable social poise along with an unself-conscious spontaneity.

It is in his general personality development that I see the greatest progress. His remoteness and his hazy relationship to people have been replaced by a quiet but warm sociability. He talks, not of "the other boys," but of "my friends," actively seeks companionship, and is unusually accepting of all kinds of youngsters. He especially respects and admires boys who share his interests, but also shows a mature tolerance toward the more upset, difficult children he meets.

His teachers comment on his straight thinking and good principles even though he is not a "goody-goody" child.

At home he is very much the big brother. The little brothers turn to him constantly for attention and he enjoys taking them on trips, teaching them his camp songs, and telling me with amusement of their pranks. His rivalry with Phyllis is much less acute as they have both become less dependent on their mother. Peter is turning more to his father for companionship. He tells me, "My father and I have good times together. He's a quiet sort of person, so we just go to movies or take bus rides and look at the ships on the river. I'm careful not to chatter too much."

The steady, continuing contact with one caseworker has given Peter the security and support that he needed in order to utilize his excellent intellectual capacity more constructively and mobilize his ego strengths in the direction of a healthy life adjustment. The traumata of his illness and ruthless separation from the family were potentially destructive and might well have had permanent, disabling effects. I saw him at 6 and 7 using his intelligence and talent in drawing to escape from social contacts into his safer, solitary pursuits, and, had there not been a reversal of this trend, he could have become increasingly a withdrawn and lonely boy. Now, at 14, he uses his native gifts for and with his group, contributing and getting in return an honest and reassuring recognition.

In appraising his progress, we must also give weight to the positive elements in his family relationships. We know that, although his mother questions seriously her anxious preoccupation with him in his infancy and first three years, he did get a great deal of love and attention. We do not know, since treatment did not attempt to uncover them, just what fears and fantasies he may have had about his illness and hospitalization so far as his parents were concerned.

I feel that Peter still reacts to his handicap with a degree of apprehensiveness in the face of new experiences. This reaction is not entirely unrealistic, since he is likely at any time to be faced with genuine difficulties and stiff competition with physically normal children. He shows considerable courage and willingness to experiment and one senses flexibility and resilience in his adjustment to most situations. An illustration of this adaptability occurred in

the winter of 1946-1947 when he had to be hospitalized for an infected tooth and high temperature. He made a mild objection, then expressed keen delight at being placed in the men's ward. He wrote me a long letter about "how good it feels to be in the men's ward" and what "great fun" the men were. He told me afterward that the chief doctor brought a group of interns to the foot of his bed. "I heard him say I was mentally below par and neurotic and sluggish. I glared at him till he reddened and broke off in the middle of a sentence." Peter said he knew that the doctor didn't know him, "After all, he just put a stethoscope to my chest and had me say 'plum-pudding,' so I don't think he could tell anything about my intelligence."

Like most boys in adolescence Peter is thinking of what his role in life is to be. He is somewhat romantic and idealistic in this and not yet able to translate his fantasies of active leadership into reality. His handicap is real, and superimposed upon it is still some tendency to blame himself for his own inadequacies.

Though Peter has made great strides in learning to meet life actively there is still some restraint in this and a certain resignation in his attitude. Whether or not he will later want further help of a more intensive nature to make full use of his potentialities remains to be seen. For the most part, casework with Peter has relied on supportive rather than "uncovering" or "insight-developing" techniques. With this help he has constantly striven to meet life actively rather than passively, he has learned to like and be liked by his fellows, has given up his tendency to exploit his handicap, and has made good headway in learning to use his unusual intellectual powers. Inner stresses no doubt remain but Peter today has resources and strengths for meeting these strains that were not to be seen in the pale, withdrawn little boy who first wandered shyly into my office.

IV. PREVENTION OF REACTIVE DISORDERS

Patricia Sacks

THE FAMILY SERVICE AGENCY has a unique function in the field of social work in that the individuals who come to it bring with them for solution every sort of problem that besets the family group. In the past the caseworker in the family agency was involved mainly in the practical aspects of the client's situation and the finding of efficient ways for handling them. More recently psychological aspects of the client's dilemma have come to the fore. Today, psychoanalytic concepts of personality development have enriched both our understanding and our treatment of these psychological problems. As we gain better understanding of the dynamics of human relationships we are better able to foresee the direction an individual's behavior is likely to take and the probable effectiveness of treatment. Likewise we are better able to foresee and sometimes to forestall potentially destructive experiences that loom ahead during the developmental periods of childhood.

In our casework with children in their family setting we are in a particularly advantageous position to steer them past or even safely through some of the situations that point to later emotional suffering or personality damage. While in our work with adults we shall always to a certain extent have to put together broken pieces, in our work with children we may actually avert the destruction. We know that even a seriously disturbed adult can be helped through psychotherapy, which facilitates his recalling and digesting life experiences that dynamically influence his present behavior. We have an unusual opportunity to help children understand and master life experiences at the very time they occur. Reactions are then less likely to be distorted and disturbing but can be integrated as they arise.

The child's ability to cope with the realities of his world is strongly influenced by the degree of emotional health of his parents. At moments of crisis in a family, disturbed or inadequate parents are unable to give support to the child in his uncertainty and fear. Even usually stable parents may be temporarily so preoccupied or emotionally depleted as to be unable to give the child the explanation, the reassurance, or even the love that he needs. The child then is left with recourse primarily to fantasy to explain the events mysteriously under way in his home. At best he is a passive recipient rather than an active participant in these circumstances in his life. If he has no explanation for them he becomes enmeshed in fantasies about them which necessarily revolve around the most vulnerable points of his adjustment. This is true even in the latency period, in which, it is generally thought, the more acute conflicts of childhood, hidden wishes, and aggressions toward the parents are in abeyance, having been somehow temporarily resolved. These dormant impulses and guilts can easily be reawakened by circumstances which, in the absence of rational understanding and explanation, assume the familiar aspect of the past and are very frequently comprehended by the child on the infantile "crime and punishment" level. Similarly characteristic of childhood is the association of events in a causal relationship when such events may be related only in temporal sequence. Our concept of personality must be an elastic one, with the basic understanding that infantile conflicts are not resolved forevermore but are worked through in varying degrees and by various patterns, so that the child is freed to proceed to the next stage of development. Different life situations make new and varying demands on the individual and, depending upon the strong and weak spots in his development, are reacted to with varying degrees of distress.

Childhood crises (omitting at this time those problems that arise solely out of parent-child relationships) include such occurrences as the birth of siblings, physical illness of the child necessitating surgical or medical care, sometimes the first separation from home, as when the child goes to camp, placement of the child necessitated by some external circumstance, illness of a parent, or death of a parent. Frequently, at such crucial points, the child is excellently planned for in terms of his physical comfort and security but his

psychological needs go not only unmet but unnoticed. Thus, if a child does not have a violent outburst but accepts quietly what is happening to him, we may be led to the false assumption that he will be able to go unscathed through the kinds of experiences which have led the adults of his family to ask our assistance. Even where he does not react with shock or disturbed behavior, we need to assess the effects of potentially disturbing situations.

To begin with, every child needs a rational explanation of crucial events that occur in his family. This implies our checking at the outset with the parent as to what kind of explanation has been given for what has happened and how the child seemed to react to this discussion. This may be a fairly new idea to many parents, since the concept of the child as a thinking, sentient human being is relatively new, particularly to lay people.

A woman of 28 recently told her caseworker that her father was killed in an automobile accident when she was 10 and that she had been told very little of what happened. She remembered her father's funeral and her own bewilderment, recalling particularly that she had been thrust aside by the adults at that time and her inquiries ignored. It gave her the feeling that somehow it was her "fault." After shifting around among relatives with her mother, without understanding what had happened, she was suddenly sent to boarding school. She thought that this too was a punishment, since she had not been prepared for being sent away from home. She recalled being very unhappy and depressed in boarding school. In such a situation today a caseworker should recognize the probable inability of an unhappy mother to answer her child's questions and prepare her for necessary changes in her life. She should also understand the child's confusion and guilt fantasies, and help her to see her situation more realistically and to integrate the new and painful experiences.

If we are convinced of the importance and individuality of a child's reaction to such events as the approaching birth of a sibling, placement, necessary medical or surgical procedures, illness or death of a parent, our next problem is that of determining by what criteria to gauge his reactions and learn whether the event that has occurred or is impending is vested with unrealistic connotations. It would be both unnecessary and impractical to embark on treatment for every

child in every family under our care who is undergoing some of the experiences previously mentioned. However, having first recognized the child's right to some rational, simple explanation of events, we may estimate the necessity for further, more continuing contact with the child by reference to certain criteria. These are set forth tentatively since we need much more research before they can be completely formulated. We can say that treatment of the child becomes important when:

1. The parent is unable to help his child deal with the conflict situation because he himself has an irrational or emotionally charged response to the event.

2. The child is not free to talk about the specific event or to express appropriate sorrow, concern, fear, and so on, but instead shows withdrawal, repression, or denial. Evidence for this can be secured from the parents, from school personnel, or from interviews with the child.

3. The child seems to accept submissively and passively what is happening and does not ask the questions that might normally be expected to arise in relation to the situation.

4. The child's feeling seems disproportionately intense either implicitly or explicitly. For example, a certain amount of jealousy of a coming baby may be quite normal, but if the child's jealousy is so great as to interfere markedly with his own activities and the development normal for his age group which he had previously achieved, then a danger exists of some continuing psychological disturbance unless treatment is instituted.

5. The child has not established sound family relationships with his parents and siblings nor assumed his own role in the family prior to the current situational crisis.

6. The particular event fits into a disturbing constellation of feelings and/or previous events which may become associated with it, such as placement occurring at a point where the favored parent has been suddenly hospitalized, or surgical procedure being recommended for the child at a period when he is experiencing guilt because of masturbation.

7. The child's play or learning, as observed by parents or case-worker, shows evidence of restriction or inhibition.

The case of Dick T, aged 7, shows vividly how a child may react to the approaching birth of a sibling. Dick's mother had rather recently married and his stepfather was overseas with the armed forces. The mother, upset over her husband's absence and the difficulties of a pregnancy in these circumstances, had additional emotional problems of longer standing. She felt unable to deal with Dick's questions and anxieties about the coming baby. The following selected and excerpted interviews show Dick's conflict and his gradual integration of the event over a period of three months.

4-21-42: Dick noticed a soldier doll in my office and said that he had one just like it at home. I had also bought another doll, exactly like the one I already had, which was broken. The broken doll was lying on my desk and Dick picked it up, threw it on the floor, and smashed it. He then stated that he could break the new doll too. At this point I did not know how much discussion he had had with his mother about the expected baby and therefore could not discuss it with him at any length. I merely stated in general terms that sometimes when new babies were coming little boys wished they weren't coming, but they couldn't be stopped and it was nice that little boys could talk about the new baby and get to understand about it and feel better and happier about its coming. Dick did not respond to this except to ride around on the freight train and try to run over the pieces of the doll on the floor. He muttered something about not being able to get rid of it.

4-24-42: Dick was very quiet until we got to my office and then said immediately that he wanted to play store. He had me make a container of milk for him. He was Mr. Nickelbox and I was to come in and buy some food. I came in and said that I was Harriet (his mother's name) and that I was having a new baby and soon I would need a lot of milk. Dick wanted to know how I knew his mother was having a new baby. I said that she had asked Miss L (his mother's caseworker) to tell me so I could talk to Dick about it. Dick said that he had known before I did; he knew last Sunday that the doctor had said his mother was going to have a baby. I tried to find out what connection Dick thought there was between the doctor and the baby, without any success. I explained that the doctor examined his mother and knew that she was going to have a baby; that his mother was married to Roger (as Dick called his stepfather) and Roger would be the baby's father. Dick grinned and said that now Roger was in the army. I asked Dick what his mother had told him about the baby. He didn't

remember, except that she had said that he was not to tell anybody about it. I asked whether that was why he hadn't mentioned it to me before. He agreed. I reminded him of the joint interview when his mother had told him that it was all right for him to talk to me about things. I wasn't too sure why his mother didn't want him to talk about the baby but maybe it was because the baby wasn't coming for quite a while. It was all right, however, for Dick and me to talk about it. Dick would not continue the discussion, except to say that the baby would have to have one carton of milk a week.

Dick did not want to leave and said his mother didn't care if he came home late, that once he stayed out and played in the street until eight o'clock. I said I knew Dick didn't care too much about going home today, and that sometimes he didn't want to go home because he got scolded there. His mother was upset now with so many things happening, what with the new baby and Roger being away, and so on. There were lots of things for us to talk about but I would be seeing him again in a few days. Dick had had me make a hat for him and at the end of the interview he asked me to carry it for him. Out on the street he said I would have to come up to his house and bring the hat upstairs; I would have plenty of time to do it and would just have to. I talked with him about his wanting me to stay with him and not leave him, and wanting me particularly now that his mother was having a new baby and he wasn't too sure about how things were going to be for him at home. The way that I could help him was not by staying with him an hour longer but by his talking to me about it and my talking to him about it, so that he would get to feel happier about the new baby. I said if he still had questions about whether his mother had wanted him to talk to me about the new baby he could ask her about them when he got home.

4-28-42: I asked whether Dick had asked his mother more about the new baby and he said he hadn't. I asked, "How come?" and he turned his back to me and said he would wait and see, maybe the new baby would be a girl. He said he didn't like girls, he liked boys. I asked him how it would be at home if it were a boy and he said he didn't know. I said perhaps that was it, that he didn't know how it would be and he thought about it a lot, and since he didn't know he found it hard to talk about; that when boys were having a new brother or sister they did think about it a lot and wonder how it would be, and whether their mothers would love them as much, and what the new baby would be like. Dick said in a very matter-of-fact tone of voice that he knew his mother would love the new baby best—better than she loved him. I asked how he knew this

and he said he didn't know how, he just knew it; but his mother didn't know that he could read and the new baby would not be able to read, and he could run faster too. He then dropped the subject quickly and began to play with the gun.

He said, "Suppose the new baby doesn't come!" I said that perhaps sometimes when he was afraid his mother wouldn't love him as much, he wished the new baby would not come; but that the baby was coming. Perhaps when he wished that the new baby would not come he didn't want to talk about it, thinking that in that way he would keep the baby from coming; but that would not help. The thing that would help was for him to talk about it so that he would feel better about it. He wanted to know how I knew the baby was coming and when it was coming. I said that it was coming in the summertime and that his mother wanted me to know about this so that I could talk to Dick about it, so that he would get to feel better, because his mother did love him and she would go on loving him just as much as she did the baby. The new baby would not change her feeling for him in any way.

Dick then talked about his birthday and I asked what he wanted me to get him. He said he wanted a surprise, but that he wanted a good surprise with no secret. He ran away from me and I called him back and asked what he meant about no secret. He said, "No secrets like whispering." I said perhaps at home there had been a lot of whispering. He denied this. I said I thought it probably was so, since Dick was thinking about it, but between Dick and me there would be no secret. I would tell him everything he wanted to know, and if I didn't know about it I would find out so that I could tell him. Sometimes there was whispering at home and Dick felt that there were secrets. This was because his mother had been upset about things and so found it hard to talk to him about them, and he knew she wanted me to help by talking to him.

5-5-42: In the playroom Dick discovered a hobby horse and a wooden doll-house. He was very much pleased with the house and immediately placed the furniture and the people. He put both the children in a bed in an upstairs bedroom but left the parents' bed out of the house entirely because he said he did not know where to put it. He insisted that I put the children in the house immediately because they might catch cold. I did this and he asked me to make clothes that would fit them, which I also did. He wanted both of them to be boys. When I asked for the name of the new baby he did not answer. He put the children in the house, looking out the window, and arranged all the grown-up people looking out the window also. He had me make a lasso for the cowboy and the cowboy used this to

drag the soldier and the sailor up to the roof. At first he left the mother out of the picture completely, letting her lie unnoticed outside the house; then he brought her into the house. He filled the milk bottle and fed both the babies. He said that I ought to have a "di-dee doll" so that the baby could make "pee-pee." He again said, to my question, that they were both boys; and when I said we could pretend they were wetting themselves or going to the bathroom, he placed the small baby on the toilet in the position of a girl urinating. When I called his attention to this he went away. When he returned he put the doctor and the mother in the bedroom with the babies and said they were reading to the children. I questioned what the mother and the doctor were doing in the bedroom, said I couldn't understand the doctor's presence there. I knew about a doctor's coming when somebody was sick or just when a new baby was coming, or visiting if he were a friend of the family; but what was this particular doctor doing? Dick looked at me questioningly. I said perhaps Dick didn't know what a doctor had to do with a baby's coming. He got on his hobby horse, galloped away, and said he wasn't here. I interpreted his behavior as going away when he was confused about something, and said that this would not help him in understanding it. He came back but dropped the subject of the doctor and the mother. He continued to play with the people, climbing in and out of the house. He said I should be the mother and I said all right, what should I do and what should he be? He then took the baby bottle and said there was going to be a rainstorm. He placed all the people on the roof and spattered the rain on the house, having the people shout "Help! Help!" He left the children alone in the house and when I asked about this he said it was all right; the big boy would take care of the baby.

5-10-42: Dick's mother had complained about his not dressing or bathing himself and it was considered timely to begin to handle the regressive tendencies he was showing.

I mentioned that he was such a big boy; he had such a wonderful speaking part in the school play because he was 7 and not 6, the way he was last year; he could sword-fight like a big boy; he could go to school; he could do all the things I enumerated, and still he didn't brush his teeth the way a 7-year-old boy does. He said he didn't have a toothbrush and I suggested that maybe that was something he could talk to his mother about. I asked whether he took a bath himself, the way a 7-year-old boy does, and he said no, his mother gave him a bath. Again I expressed surprise that here he was 7 years old—and was it that he wanted in some ways to be like a little baby and be taken care of like a little baby? He said his mother

would have to bathe a little baby but that he was a big boy. I said this was true and he could do things that a big boy does, like taking a bath, and so many other wonderful things that a little baby can't do, and so maybe he could arrange it at home so that he would do all the things that a big 7-year-old boy could do, like taking a bath and brushing his own teeth.

7-10-42: Dick came in very quietly and I greeted him affectionately. He immediately said that he felt sick; his head ached and he had a head cold and a chest cold. He sat down heavily and sadly, and said the cold just started this morning. I was very sympathetic, asked questions about the cold, and said it was such a shame that Dick had to have a cold, and here his mother wasn't even at home to take care of him. He nodded and said his mother had left at five o'clock this morning. He was awake at the time because his mother hadn't slept well recently. She kept getting up and putting on the light, then turning it out. I said he must have been terribly frightened this morning. He continued to sit silently and I asked him whether his mother had had pains. In a trembling voice he said she did, she had pains in her stomach so bad she could hardly walk downstairs. I asked him whether he knew what the pains were, and he shook his head. I said that the baby coming out made the pain. Now the baby was out and his mother had no more pains and was feeling perfectly all right. I said the baby was a little girl. Dick looked at me wide-eyed and said that it didn't have to be a little girl. I said I knew that Dick wasn't sure he wanted a little girl, but that's what it was. I had called the hospital and they told me. I discussed the hospital with Dick. He knew the name and address of the hospital, and said his mother had told him. I said that sometimes boys thought their mothers' being in the hospital meant that their mothers must be sick. Did Dick think that? At first he said no, and then in a surprised tone of voice said yes, he thought his mother was sick. I said that having a baby didn't make a woman sick; it was just that now the baby had come, his mother was very tired and had to rest. In the hospital she would be able to rest so that when she came home she would be strong again and be able to take care of Dick. Dick said his mother had said maybe she could come home tomorrow. I said it would be so nice if she could, and Dick wished that she could, but she had to rest in the hospital for ten days so that she would be perfectly strong and able to do everything for Dick. He said his mother had told him that when she came home she would read to him. I said that would be fine and Dick would enjoy it, commenting that she would read to him because the baby would be too small to understand.

I said that if he wanted to he could write a real letter to his mother in the hospital. Dick was eager to do this. I was to write that he didn't go to the beach today, and then to add that he would go next week. After this he could think of nothing to say and looked at me inquiringly. I said if he wanted to he could add that he missed his mother very much. He said I could add that, and that was all. He didn't want to sign the letter "Love"—just "Dick"—and he signed his own name. He continued to sit at the small table next to me and started to play with the toy telephone. He picked it up and listened and said that nobody answered. I asked him whether he would like to call the hospital "for real" and he was very positive about the idea. I telephoned for him and first I spoke with the nurse who said Dick's mother was fine and feeling perfectly all right. The nurse agreed to talk to Dick. He listened wide-eyed but did not say anything to her. She agreed to tell Dick's mother that he had called. After we hung up Dick told me that the nurse had asked him whether he wanted a sister. I said that was a hard question for Dick to answer since he hadn't really wanted any baby at all. Dick continued to play with the telephone, dialing the hospital number over and over again.

7-21-42: Dick walked around my office and told me that his mother was home. He said he would bet that I didn't know the baby's name. I asked him what the name was and he said Frances. He said the baby slept all the time. He said that his mother had got a letter from Roger, that Roger was in Australia, and then added that Roger wanted to name the baby Julie if it was a girl, or Albert if it was a boy. I asked Dick which name he thought was better, Frances or Julie, and he thought Julie was better. I asked whether Roger had mentioned Dick in the letter and Dick said no. I was sorry about that because I was sure that Dick wanted to be mentioned and maybe he was worried that, now the new baby had come, Roger might love the new baby better than he loved Dick. That would be a hard thing for Dick to think. Dick became extremely angry and said that I should stop talking that way. I said that Dick was angry about this because it was a hard thing for him to think. It would be natural for him to worry about it, but after all Roger chose Dick. He knew Dick before he married Dick's mother and so he had a chance to decide that he wanted Dick for his son. He hadn't even seen the new baby.

Dick then said that I should write some letters. He would be the train man; he rode around on the train. I said perhaps I could write a letter to Roger first. I read aloud as I wrote it and Dick listened avidly. I wrote, "Dear Roger: You talk

about the baby in your letter. Dick was mad when you left. First he was afraid that you would disappear because he was mad at you. You didn't disappear. Now Dick is afraid that you will like the baby best because Dick was mad at you. This makes him wish the baby hadn't come. What shall I tell Dick?" Dick put this letter in the train and asked for another one. I wrote a letter from Roger to Dick. "Dear Dick: Of course I didn't disappear. Naturally you were mad at me when I came to your house, but I chose you for my son and I love you, and I didn't even see the baby to choose the baby, so I won't love the baby better than you . . . Roger." Again Dick listened avidly and asked for another letter. I wrote one from his mother to Roger: "I am home with Dick again. I am so worried for fear he will think that I don't love him. Maybe I will have to do things for the baby. I want to do lots of things to make Dick happy. It makes me so happy that Dick is such a fine big boy and can do so many big-boy things that babies can't do, but still, when I have to do things for the baby, maybe he won't understand it is because the baby can't do things for herself and that I still love him as much as I did before."

Dick walked around and said, "Love, love, love—that's all you know about, love." He then sat down on the floor beside me. I said that love is important to a little boy. He wants to be sure that his mother and father love him. So when a new baby comes, a little boy is always afraid that he might lose his mother's love, and so he gets mad at the new baby. Then he thinks maybe it is bad to be mad at the new baby and he thinks maybe if he is mad he will lose his mother's love. This was making it hard for Dick all the way around. Dick said that I should write some more letters. He was eager about my suggestion of writing one from Roger to the baby. I wrote: "Dear Baby Frances: Lots of people will tell Dick that he must love you. This makes it hard for Dick because you are new and may make things different at home, so he may think that he is bad not to love you, but this won't hurt you. It is natural for him not to love you at first . . . Roger." "P.S. Give my love to Dick. I think of him a lot and hope he is well and that the army will end the war so I can come home to him soon."

Several themes run consistently through these interviews. Dick feels that something secret is going on at home from which he feels excluded. He is resentful at the thought of sharing his mother with a newcomer, convinced that she will prefer the latter. His impulse to handle this by expression of aggression against the new baby and his mother terrifies him since he feels, in reality, so dependent upon his mother's love and so guilty for having had bad thoughts

against her and her baby. His attempts to take refuge in the hope that the baby won't come or to deny his feelings about the whole situation do not bring realistic relief. Dick's own 7-year-old achievements seem pallid in comparison with the fantasied delights of infancy and the prospect of love and care which his mother will lavish upon the infant; hence he becomes not only less interested in the pursuit of his own development but feels that babyishness is a way to exact reassurance from mother that she still loves him. Another worry is about his stepfather who is the father of the new baby and who, he feels, most certainly must prefer the baby. He feels indeed a lonely, excluded individual who has recently had to give up his mother to a new father, and now so soon has to share her with a baby.

The caseworker shows a notable capacity to tap the child's underlying emotion of the moment and to show him consistently throughout how his feelings do not in themselves fashion the reality. Things are, in other words, not necessarily as he feels them to be. His mother's love for the baby does not mean Dick gets less; his stepfather's sense of pride in his child does not mean he rejects Dick whom he chose deliberately to be part of his family. (The stepfather was in reality fond of Dick.) Dick's advantages, realistically, in terms of freedom, achievement, fun are emphasized over the necessarily restricting state of infancy. Throughout, Dick is given the strong basic reassurance of being an active participant, rather than a passive bystander, in the events of his family circle.

Applying our tentative criteria to the case just presented, we see:

1. The mother is not able to interpret the particular family event because of her own preoccupation with the difficulties of her pregnancy and her husband's absence from the home.
2. Dick is not in a position to express feelings at home very spontaneously not primarily because of the quality of his relationship with the parent but because the nature of his feeling precludes discussion with the parent.
3. Dick is visibly disturbed about what is happening and states that his mother had forbidden him to discuss the baby with anyone.
4. Dick's jealousy of the coming baby is so great that it spoils his interest in his normal activities and tends to throw him back to an earlier developmental stage.

5. Dick has not had the opportunity to establish his relationship with the stepfather (because of the latter's going overseas) and therefore does not feel sure at this point of his relationship with his mother and his position in the family.

6. Dick meets the event (the birth of a sibling) at a bad spot in his life—when he has had to adjust to a new stepfather, then to the latter's going overseas.

The foregoing discussion of the family caseworker's responsibility for helping children through specific crises may seem to present only one small facet of a many-sided treatment role. We have not so intended it. It is family crises that bring most people to our agencies and much of our treatment is directed toward helping them understand and master the realities of their situations. It is increasingly clear to us that the many children in these family groups are inevitably involved to some extent in the problems that their parents bring to us. All family caseworkers may not be equipped to undertake psychotherapy with children. However, they must have, as a basic minimum, sufficient knowledge of the dynamics of human relationship to anticipate a child's reaction to what is happening to his family and sufficient skill to give him, either directly or through the parents, the individualized supportive help that he needs at the time.

Through our long experience with the treatment of adults we are aware of the nature and variety of disturbances, many of which had their origin in just such life events of childhood as those described in this paper. In the long quest for knowledge of how to help people, we have looked increasingly toward childhood, that period in which individuals can learn most unhampered, less under the painful necessity to unlearn and relearn, or can take decisive, although perhaps unnoticed, steps in the direction of emotional disturbances. We can see ourselves, therefore, at this point in family agency practice, directing our attention more pointedly to the children in the families known to us, recognizing their identity as individuals and as important participants in the family group. Full use of our knowledge of the dynamics of emotional experience, of our strategic position as caseworkers in the crucial events of family life, will enable us to afford the child increasing control over and protection against the vicissitudes of his life.

V. A PRIMARY BEHAVIOR DISORDER WITH MARKED NEUROTIC TRENDS

Patricia Sacks

SOCIAL WORK DISCUSSION of so-called direct or intensive treatment of children with behavior or personality disorders is beset by many preconceived, often anachronistic, abstract considerations of divisions of work which badly need to be reviewed. Two common misconceptions recur in discussions as to whether caseworkers are equipped to undertake treatment of children or whether this should be left exclusively to the psychiatric field: (1) That treatment of children with clinically recognizable disturbance is necessarily characterized by interpretations of unconscious motivations and is, therefore, inappropriate for caseworkers, and dangerous in their hands. (2) That the division of responsibility between the two closely allied professions of psychiatry and casework is unalterably fixed.

To be sure, certain children's problems lend themselves only to psychotherapy by a psychiatrist, or even to treatment by an analyst because of the nature of the material and the level of interpretation required. I should like to make the point, however, that this type of demarcation between psychiatry and casework must be diagnostically based. It should be determined on the basis of the type of disturbance in the particular child, the nature of the material to be handled, formulation of the manner in which it would have to be handled, and evaluation of the extent of the caseworker's knowledge and skill. This means that instead of a categorical restriction, we should always review case by case evidence and thereby reach more specific differentiations between what a caseworker can safely handle and what only a psychiatrist can responsibly treat. Our controls lie in a well developed casework program in the agency and intelligent use of psychiatric consultation. The value of this approach

lies in the extension of service to children made possible by the sound economy of using all skills (psychiatric as well as casework) to the best advantage. Specifically, from the point of view of community planning, if there are certain types of problems that tested evidence shows can be handled safely and responsibly by a caseworker, these should become part of the caseworker's responsibility.

The case of Carl G and his mother is being presented, not because it is an unusual, experimental type of treatment, but rather because it is typical of many cases which family agencies are meeting and with which they are dealing effectively. The case will be used only illustratively to demonstrate methods of diagnosis and treatment formulation and focus, with some notes on the specifics of the treatment process.

The case was referred in April, 1944, by Miss P, medical social worker at M Hospital, because Carl was presenting an acute problem that the social worker felt the mother was unable to handle.

The referral states that Mrs. G came to Surgery Clinic following a herniotomy in 1943. Prior to her experience with M Hospital, Mrs. G had been known to P Hospital and may have had another herniotomy there. She was having a recurrence of the hernia, was wearing the support again, and, in addition, was getting medication for menopause. The hospital worker said this was not endocrine therapy.

Carl Jr., aged 11, came to the M Pediatrics Clinic complaining of headaches and stomach pains. His behavior was described by his mother as fidgety, disobedient, and characterized by frequent temper outbursts during one of which he threatened her with a knife. The hospital worker had also observed his temper tantrums.

One year previously, Carl had developed a temperature of 105 degrees and was hospitalized but returned home when the temperature subsided and no organic cause could be determined. Since then, he had had other rises of temperature, night sweats, and his mother had observed grinding of his teeth during sleep. His left testicle was undescended and he had been treated for this for the last month or two in Endocrine Clinic. His condition had been known for about a year. There was also a possibility that he might have a heart murmur. This was to be studied in Cardiac Clinic the following month. The gastrointestinal series revealed nothing and there were no adhesions to explain stomach pains. The physician felt Carl's physical symptoms were the manifestations of his emotional condition.

Mrs. G felt "nerves" were responsible for Carl's complaints.

The history shows that Mrs. G's first child (a boy) died at the age of 3 months. Following this she had two miscarriages and was warned against further pregnancy, but became pregnant with Carl. Physicians urged a therapeutic abortion but she refused it. Mrs. G said she had no trouble with Carl until he was 10, but at that time she noticed he became "nervous." He also had an appendectomy then. Prior to this time he had had only the usual children's diseases. Miss P felt mother and son overreacted in similar fashion. In clinic Miss P was speaking with the mother and asked Carl to wait outside her office. He became excited and threw a toy block at the door and Mrs. G reacted in an excited, exaggeratedly anxious way.

Mr. G apparently had been the stable factor in the situation, but he was inducted into the army in December, 1943. He apparently had done a great deal of work around the house, had even cooked (Mrs. G liked his cooking better than her own), and helped her budget so that they managed well on his salary, although it was not large. Mr. G was a mechanic. Mrs. G found it hard to manage without him on her \$80 allotment. She had a sister living in another section of the city and was thinking of moving near her.

In relation to managing without Mr. G, it is noteworthy that from December until a few weeks before the referral, Mrs. G did not wear her abdominal support because there was no one to lace it in the back. Miss P had recently supplied her with another model with front lacing.

Mrs. G said Carl and his father had a good relationship. Mr. G used to take him on fishing trips but now did not write directly to Carl. She did not feel that Carl missed his father particularly.

The first interview with Mrs. G is reproduced in its detail and chronology in order to give a full picture of this mother's swing between her concern for her child and her preoccupation with herself. It illustrates the dual focus the worker must maintain in order to establish real contact in such a problem.

4-24-44: Mrs. G came in for appointment that I had sent her by mail. She was a rather nice-looking, heavy-set, blonde woman, speaking with a strong German accent. Her anxiety was immediately quite striking. Even before we left the waiting room on the way to my office, Mrs. G was saying over and over that Carl was going to the hospital for an operation that afternoon. She described this as being an operation for his undescended testicle. He was really advised to enter the hospital last Wednesday, but he begged hard for "a few more days

to live." As she understood it, he would be in for about a week only. I expressed some surprise at this information since Miss P at the hospital had not indicated to me anything of the kind. Mrs. G then brought out of her purse the order for the operation, and I noticed that only circumcision was mentioned. Although Mrs. G, too, was aware of this, she had understood they might be doing something about the undescended testicle. She thought Carl was extremely upset about the circumcision; he had asked her if there was danger of their "cutting off too much." Mrs. G had told him that they would only cut off a little skin. He had pain on urinating and the doctors thought this might help.

Mrs. G then began to talk about her own symptoms, describing her headaches, shaking of her legs and arms, and the pain in the region of her heart after taking aspirin. Her hernia was also bothering her a good deal in the last few weeks, especially when she did washing. I made some comment that I knew Mrs. G had had a number of illnesses. Mrs. G then talked at length and with a good deal of confusion about a miscarriage, a pregnancy that was begun against the advice of the doctors, and the death of a baby at the age of 3 months following an operation.

After Carl's birth Mrs. G had had a partial hysterectomy and another operation, the name of which she did not know. More recently, she had been in M Hospital with pleurisy a few days after Mr. G went into the army. She had not seen Mr. G since December, when he was inducted. When pregnant with Carl she vomited during the whole nine months and following the pregnancy she had severe back pains. The birth itself was normal. Mrs. G felt that she had been sick and extremely nervous ever since her miscarriage. Everything was just too much for her; she could not manage the money, the house, or Carl. And now this circumcision had come up and Carl did not want it. She recalled his appendectomy, how he had counted the days before the operation, and had not been well prepared for it. He had still been scared when they did it. Her focusing on Carl at this point enabled me to get some developmental history. Carl was breast fed until 11 months. This was an extremely hard period for Mrs. G because her husband at this time lost his job. He finally secured one as a superintendent of an apartment building and did odd jobs outside. Mrs. G worked very hard around the house and around the building. She became "seriously weakened." When Carl was 11 months old, Mrs. G entered W Hospital for a gynecological operation. This operation had to be postponed because she developed pneumonia but her hospitalization precipitated Carl's weaning.

Her sister immediately put him on the bottle and he seemed to take it immediately.

Mrs. G remembered that Carl had walked at 11 months (about two days after she entered the hospital) and had talked at an early age, though she could not remember exactly how early. Bowel and bladder control were established at the age of 9 months and only twice, subsequently, did he wet and soil. She spanked him and it never happened again. When I commented on how early this had been achieved and asked her what sort of training she had given him to establish this, she told me that when he was 5 or 6 months old she had begun putting him on the "potty."

Teething began at 5 months and she recalled that he had had a high fever for about three days.

Carl's appetite was always good prior to his appendectomy, a little more than a year ago. He became carsick on trolleys and vomited. He also vomited when someone was eating something that he didn't like or when he observed another child picking his nose or with some kind of nasal excretion. Carl was now refusing to drink any milk although in the past he had done so.

In school, Carl had quite a hard time. He was now in 6B. The other children called him "Nazi" and picked on him. He always got all the blame. I understood Mrs. G to say that she had visited the school in order to complain about this although she recognized that it might be rather difficult for the school to control. She described Carl's behavior as very nervous and excitable. He was given to frequent temper outbursts during the course of which he often hit her. He was extremely resistive to her supervision or direction. For example, one day when she was taking care of two little girls, aged 7 and 4, Carl returned from the movies to find the two little girls reading one of his funny books; he became extremely angry and very excited and started a fight. Mrs. G thought this kind of behavior had started about two years ago, but seemed unsure of the exact time since she could not relate it to any particular occasion. She said helplessly and with great anxiety that she did not know what to do—everything was so hard for her since her husband went away. He was able to manage Carl, took him on fishing trips, and so on. She was also less nervous when her husband was home because he would make her sit down and would talk to her quietly and calmly. Her husband pointed out to her how very nervous she was, and that she made Carl nervous and sometimes even made him nervous. One got the impression that Mrs. G was a little guilty about this. She went on then to describe in detail how

difficult it was for her to manage financially and to do the work in her apartment. She was thinking now of sending Carl's dog, Jeannie, away because it was just too much work for her. Carl refused to take Jeannie out, and Mrs. G was not able to go downstairs so much.

Mrs. G was receiving an allotment of \$80 a month, out of which she paid the following expenses: rent, \$30; gas and electricity, \$6; food, \$40; a total of \$76 not counting clothes. At the moment she had only \$2 left until the first of the month. She had the feeling that there was more money due her and showed me a statement from the Office of Dependency Benefits which indicated that there was no extra money that she could count on. I explained this to her and gradually Mrs. G accepted it. I told her that I would give her \$10 (an amount we worked out on a budgetary basis), to help her get through to May 1st, that I had the feeling from what she said that she was pretty swamped by everything at this point, and that we wanted to help her straighten out her situation so that things would be smoother and more comfortable. Mrs. G responded to this quite positively, then began to stress how little she bought for herself and how concerned she was about Carl. I picked this up in terms of his approaching operation and suggested it might be a good idea for me to call the social worker, Miss P, and find out exactly what was planned at the hospital. I had two conversations with Miss P. She had to call me back after reading the chart. She told me that Carl had been in her office on April 19 and had said that he would like to postpone the circumcision for a few days, but she had not had the impression of great anxiety. He had put the delay on the basis of wanting to listen to some radio programs. Miss P explained to him that the operation could be done pretty quickly so that he could get it over with before his father came home on furlough. Mrs. G told me that Carl had commented he would not mind the operation so much if his father were home because then the latter would bring him funny books and would visit him. She had promised to do this.

When I again talked with Miss P, she told me that the operation had been suggested because Carl had complained of pain in passing urine. She thought that the circumcision had been suggested on this basis and not because the doctor felt that it was anything pressing and needed to be done immediately. She was unaware of how far the doctors had gone in their explanation to Carl. She again reiterated that Carl had different symptoms each time he came to the clinic—that the pain in passing urine was probably another non-organic symptom. There was no discussion of operation for the left un-

descended testicle. I told Miss P of Carl's fear of this operation and suggested that it might be better if he did not have it at this time. Miss P agreed to this plan. She was quite sure there was no medical urgency for immediate operation. During this conversation Mrs. G was murmuring that she had Carl all ready and bathed and she thought that she had better take him to the hospital.

I explained to Mrs. G that, as she had already observed, an operation could be a very upsetting experience for a child. I thought it was unwise for her to go through with the plans for today because Carl seemed so very fearful, and I was suggesting a postponement on the basis of my interest in helping both her and Carl. I thought she would not want to do anything that might complicate the situation. Mrs. G was interested in my seeing Carl and I made an appointment for the following day. We had some discussion as to how she would tell Carl about the postponement of the operation. I suggested that she tell him that she did not feel this was the time to do it because he seemed so much not to want it; that it was not a serious operation but something quite minor that could easily be postponed; and that she tell him how much she wanted him to feel happier. Mrs. G could explain to him that she had talked with me this morning and that I was very much interested in Carl, and that Mrs. G wanted him to meet me and talk things over with me. She very easily accepted Carl's not having the operation at this point and made another appointment with me for herself for May 1st. Mrs. G said warmly at the door that it was funny how much better she felt after talking with me.

Later: I talked further with Miss P who told me that Carl had not been getting treatment for the undescended testicle for a while because the hospital had run out of medicine. Their experience was that an undescended testicle usually responded to the kind of treatment Carl was getting. If it did not, however, surgical procedure might be necessary. So far, Carl had not responded very much to the medication but the doctors wished him to try more. Carl always complained of feeling ill after the injection, complaining of nausea, dizziness, and weakness and the doctors felt there might be a real basis for this reaction.

I saw Carl three times before again seeing Mrs. G because he called on May 1 to postpone his mother's appointment with me until May 3 on account of a clinic appointment.

Stopping at this point to summarize what is known about the situation, certain facts of importance emerge: Mrs. G and Carl were

both in a state of anxiety, whether acute or chronic was still difficult to establish, although there was strong evidence that Mrs. G's was chronic but enhanced by the absence of her husband in the army for the past four months. His departure had perhaps been the precipitating factor in necessitating referral at this point since Mrs. G said that Carl's difficulties were at least two years old, but apparently were more tolerable when Mr. G was home. The reality situation of Mrs. G's physical illness and the financial strain of managing on the allotment, of exclusive responsibility for household and family, made her less able to accept the strain of Carl's behavior. Carl's behavior also seemed to be exaggerated by the absence of his father and the loss of companionship this entailed.

Carl had one organic difficulty, the undescended testicle, which might be causing considerable anxiety. He had other physical symptoms—unexplained rises of temperature, stomach pains, headaches—which in the opinion of the physician were non-organic and reflected his emotional problems. Carl showed other symptoms of emotional conflict in his night sweats, grinding of teeth in his sleep, poor appetite, car sickness, vomiting, food fads, and acute anxiety. His behavior toward his mother, hyperexcitability, temper outbursts, disobedience, "fidgetiness" and nervousness, would have to be evaluated subsequently when we understood better the degree of provocation the mother provided.

Carl's developmental history in so far as we had it at this point had several crucial points bearing on his relationship with his mother:

- (1) Mrs. G vomited during the entire nine months of pregnancy and had severe back pains following the delivery. The excessive vomiting during pregnancy may have been psychologically related to her earlier miscarriage and the loss of her first baby, both of which would stimulate anxiety about this pregnancy and create an understandable ambivalence in her feeling about being pregnant with Carl.
- (2) Weaning was abruptly precipitated by Mrs. G's illness and Carl's reactions had to be handled by someone other than his mother.
- (3) Bowel and bladder control were established at an extremely early age and Mrs. G was able to recall the exact number of times he had subsequently wet and soiled.

The most crucial and acute fact emerging from the interview, however, was that a child who had already been through one operation

(the appendectomy) for which he was not well prepared and from which some of his symptoms dated, while others were exaggerated following it, was now about to undergo a circumcision for which he was also not emotionally prepared, to judge from his comments: "a few more days to live"; "the doctors might cut off too much."

In spite of the complicating factors of the mother's current disorganization, high pitch of anxiety, and the immediacy of the presenting problems of the circumcision, a bird's-eye view of the history was secured in order to estimate more accurately what course to follow.

The value of the interview lay in: (1) The opportunity afforded Mrs. G for release of some of her acute anxiety; (2) the emotional support afforded Mrs. G by the caseworker's offer to help in specific rather than generalized terms; (3) the decision of the caseworker to postpone the planned circumcision, which was of benefit not only to the child in affording him more opportunity for preparation but also to the mother, since it relieved the obvious ambivalence from which she was suffering. This value is evidenced by the ease with which Mrs. G finally accepted the direct advice not to have the operation, the relief she expressed at the end of the interview, and the fact that she followed through on the suggestion.

Even though, under the best of circumstances, it is not possible in one interview to gain complete knowledge of all the disturbances from which an individual may be suffering, much less any very deep understanding of his genetic development, it is still frequently imperative to take some immediate action. Here on the basis of the current facts, without a great deal of background material, it seems evident that the caseworker must take a definite stand on the approaching operation once it is confirmed that it is not medically essential at this time. The worker's taking such a stand at this crucial point and giving the logical, simple reasons for doing so, establishes in the mother, and through her, in the child, a sense of the worker's expertness which immediately relieves anxiety and confusion. It also provides the opening wedge into the child's real anxiety and saves him and his mother from an experience of needless suffering. The great anxiety, almost panic, shown by Mrs. G and the clues in the history of her dependence on her husband, who tells her what to do and calms her fears, point up what role she really

wishes the worker to assume. These qualities—strong anxiety arising out of her feeling of helplessness, and a need to be dependent, which is frustrated because of her husband's absence from home—account for her relief when the worker gives her specific advice about postponement of Carl's operation.

Mrs. G brought Carl in for his first interview with me and seemed prepared to follow him to my office. I handled this indirectly for the moment by offering her a magazine while she was sitting in the waiting room. Mrs. G accepted it immediately. Carl was an average-sized boy, good looking, but with a pale complexion and a rather tight expression. His appearance and walk were very feminine. He had close-set eyes which seemed watchful and the way he held his lips showed tension. This was even more strongly manifested by bodily movements—turning, twisting, clenching his hands, grabbing the arms of the chair. These movements were fairly continuous and made me aware of a very high degree of tension. He talked well but mostly in response to questions or suggestions from me. Occasionally he elaborated an answer, but usually did not freely follow it with other associations. I asked Carl in my office what sort of place he had expected to come to and why he thought he was coming. His response was that his mother had asked him to talk with a lady—he didn't know much about it and at first refused to elaborate on any ideas he might have had. I told him I knew about the circumcision scheduled for the day before and wondered what he had thought about its being postponed. He had felt better about it. Gradually he brought out some fear, not of the operation, which he described as "cutting off some skin," but more of taking ether. He recalled that previously he had had ether, either at the time of his tonsillectomy or appendectomy, and that he had been mad and "kicked the doctor in the belly." He had been prepared to put up a fight about going to the hospital at this time.

Near the end of our first interview when I asked him why he thought the circumcision was not done the day before, he responded that, although in one way he was glad, in another he felt scared because it must mean something else was wrong with him. I encouraged him to enlarge on this, what he felt was the matter, and so on, and he finally suggested that he might have rheumatic fever. As we discussed this further, he brought out that the doctors had never said this but he could not imagine what else could be wrong. He then asked directly if the operation was only postponed and for how long. I said we knew how a boy might feel about having the circumcision even

though it wasn't dangerous, and that his mother and I didn't want him to go to the hospital feeling that way about it. Later on he might feel quite differently. Carl seemed to accept this. Rather spontaneously he said that he hadn't known whether I was a lady doctor or not, had thought perhaps I would examine him. I explained my work in terms of interest in boys and girls who were having worries and my wanting to help with such troubles. He made me repeat this several times and then spoke about his relationship with his mother and father and things that happened at school.

The following themes appeared in the remainder of the first interview and the two following ones:

Carl told me that he fought with his mother, was not fearful of her, but was afraid of his father. He argued or fought with his mother when she prevented his listening to a radio program or made him stop reading. If she hit him, he would hit her back. With his father he did not dare to do this. Although he had not had any particular experience with his father's severity, he always thought his father might beat him. He could see "a certain look in father's eyes" which warned him not to go any further. He laughed squeamishly as he referred to this. He also expressed fondness for his father and referred to their fishing trips together.

Although many things about school were OK, he frequently fought with other boys. Sometimes they started it, sometimes he did. A boy would call him "Nazi" or would tip his seat from the rear and Carl would then fight the boy. He said hardly anything about the teacher, but implied he was all right.

Carl's main interests were in reading and listening to the radio. He mentioned one program where one of the principal characters liked girls but the other one hated them. When I expressed interest in this, he laughed but didn't answer. He was particularly fond of comic books and I offered to lend him some from my office.

Carl told me about his frequent clinic attendance and his many illnesses. He mentioned but did not discuss the undescended testicle except to say that he was usually sick after the injections. He got headaches, fever, severe pains in his arm. He sometimes felt nauseated and vomited (not very often). He knew about his coming examination in the Cardiac Clinic, but superficially was not disturbed by this and recognized that, even if he had a heart murmur, it was not serious.

In relation to his appendectomy and earlier tonsillectomy, he expressed his fear but could not be specific at first. When I

said we feel afraid because we have some picture of how things will be, he responded that he imagined "men standing over him with knives." In relation to the anesthesia and fear of it, he was quite blocked. I helped him a little by suggesting it was like being asleep and he very tentatively agreed that "you don't know what's going on."

In the third interview, he came to the office with an angry rash, and a pronounced swelling on the left side of his face. His left eye was almost closed. During the interview, he scratched and finally began to develop an irritated spot on his left hand between the fingers. I gave him cold cloths which he requested and he pointed out how soon they dried and became hot. He thought this condition might be poison ivy but his mother said that this returned only every seven years and he had had it last year. He described the rash as coming on suddenly in his sleep. It was funny how quickly things like that developed; he could not imagine how it happened except that on the previous Sunday he had been in the park, lying face down on a stone wall there. He began to discuss his various illnesses as rather mysterious. He could not explain how he got them and he knew no one else who had so many. I commented on his mother's frequent illnesses and he agreed she was often sick but did not enlarge on it. Carl said he had heard the doctors talking about him and could not make out what they were saying. He couldn't imagine what this rash was and I telephoned the hospital in his presence. It was considered an allergic reaction to the medicine.

Carl seemed eager to come to see me, was very glad when I arranged two appointments a week, and secured his mother's permission to come alone to the office after school.

I had to keep him waiting at least half an hour before his second interview and when I said he must be annoyed with me, he at first denied it, but when I said I'd be angry if I were on time and someone kept me waiting, he laughed.

At the end of the third interview he said he might not come the next time if his rash were worse, but if it were better or the same he would be here.

The most striking impression of these few interviews is the child's tremendous anxiety, manifested in bodily tension, jerking movements, marked blocking in his responses. In working with children especially, observations of outward behavior, facial expressions, motor responses, are crucial since so much of the child's mood is revealed in that manner because he is usually less adept than the adult in the use of words to describe his emotions or thoughts.

The most pressing theme of the interview may be summed up in his feeling: "Everything happens to me; why?" His illnesses are mysterious visitations for which he seeks some explanation as to why he alone is singled out. His reaction to operations is rather vividly expressed in his fantasy of "men standing over him with knives" while he is completely immobilized. ("You don't even know what's going on.") Clearly, his paramount anxiety is that he will be rendered helpless, completely castrated. Although he expresses determination "to put up a fight," and not take this without protest, one sees by his reference to the earlier operation when he also put up a fight ("kicked the doctor in the belly"), that it availed him nothing since the operation proceeded anyway. Carl's conviction that he is doomed is very strikingly expressed by his immediate doubt following upon his initial relief about why the circumcision was postponed. The fear immediately arises that postponement must indicate some other serious weakness in him. His discussion of his rash which "came on suddenly in his sleep" and might have resulted from "lying face down on a stone wall" suggests his concern with masturbation.

Carl's discussion of his relationship to his parents shows the passive homosexual trend in the personality as he describes his fondness for his father, his obedience to his father's "certain look" with the accompanying fantasy that his father may beat him, even though this is in contradiction to the reality that his father has never been severe with him. The squeamish laughter that accompanied his discussion of his father gives further support to the rather provocative, flirtatious, aspect of their relationship. His reference to the radio program with two men, one of whom likes and the other hates women, is very tentative at this point since it undoubtedly touches his own situation somewhat too closely and he is not yet sufficiently comfortable with the worker to elaborate his feeling.

In the interview with Mrs. G following these with Carl, she described first his increased discomfort because of the rash and his resultant irritability. This time in discussing his nervousness, she dated the onset several years earlier than the time of his appendectomy, although she felt it had been less exaggerated than now. She reported that he seemed happy after talking with the worker and repeated his statements that no one would know what he talked about in the office, stressing that he had

told the social worker the truth about his fights with his mother.

Mrs. G described Carl's eagerness to come for the interviews, his characterization of the worker as "a nice lady and good." Yesterday after his interview, for the first time he sat down "nicely" beside his mother and talked quietly for a long time. He ate a good dinner and went to sleep easily, although he awakened in the night and began to scratch frantically. Mrs. G was enthusiastic about her husband's approaching furlough and stressed what a nice man he was—"I don't know but we just like each other very much."

In the fourth and fifth interviews with Carl (between these his father came home on furlough), there was less blocking, less tension, further elaboration of the themes presented in the first three interviews. His rash and swelling had diminished markedly.

At the time of the fourth interview, Carl was eagerly anticipating his father's arrival and the fishing trip they would have. The only drawback was that his mother would probably accompany them. "Father will never leave Mother when he's going to be here such a short time and Mother will probably go along, although she doesn't really like fishing." With my encouragement, he elaborated on the previously mentioned Archie and Jughead radio programs, saying that Jughead thought women were "poison" and Archie, who was attracted to girls, was always getting into trouble over women and Jughead had to rescue him. Carl thought all women were an interference in the relations between men, although he hastily amended this to "some" women. Referring to his mother, he told how she restricted his activities because she feared he might dirty his clothes, get hurt or over-tired. He said he noticed this when he was about 7 and began to have trouble with her then. Before that, he was content to do as she said. (Later Mrs. G also substantiated this.) Carl spoke fondly of his father and the latter's good sense of humor but again brought up his fear of being hurt by his father "if I go too far." He recalled an incident from several years before when his father took him to the country and they fished together alone. He felt happy then. He contrasted it with the prospective fishing trip with his father when his mother would be there too.

An important theme of his interviews was the manner in which he brought out his high degree of resentment and anger against his mother, and his attempts to handle these feelings. He characterized his mother as nervous and excitable, easily "set off" by anything. She knew he loved radio programs but would lock the radio in the closet so he could not play it, telling him it was because of the expense. Carl obviously

interpreted this as only an excuse to frustrate him. When company came Carl would take advantage of their presence to get the radio out of the closet. He said his mother was always telling him what to do or what not to do—"always talking." Carl demonstrated his angry response to his mother and his effort to control this by grinding his teeth. Although he expressed a great deal of his anger toward her by hitting, there was still a lot that he did not show and it made him feel "bad" to keep so much inside. Carl said he was interested in watching people fight to see who was going to win, what the victor would do to the vanquished, and in speculating on why they were fighting. He became tense and anxious in discussing this material, said his feet felt "itchy" when he sat still, and finished the interview pacing up and down.

Carl's reaction to my seeing his mother was expressed by brief reference to my having seen her the day before and quick denial that he had any curiosity about what we had discussed although he felt his mother was curious about his interviews. A few minutes later he brought out that after his mother had talked with me, they had made a trip to the clinic which he had not expected. With encouragement he confessed he had been a bit suspicious about my part in it and thought of operations again. However, nothing had happened except that he was given some medicine. Again he referred to his many illnesses and questioned why everything had to happen to him.

Mr. G, who was interviewed while home on furlough, was a nice-looking, kindly man who seemed genuinely concerned about both his wife and son, and glad to know they were coming to the agency. The history material and description of Carl's behavior tallied with that of Mrs. G and the medical social worker except that Mr. G emphasized that his son's behavior was a reaction to Mrs. G's extreme nervousness which, although exaggerated now, had always been severe. Frequently, she even made him nervous but he quieted her down as one would a small child. He spoke very fondly both of his wife and son. Mr. G felt it was a great hardship on his family for him to be away in the army but he had not appealed his case. Mr. G and his wife, who were born in Europe, were at this time, respectively, 38 and 42 so that Mr. G was at the upper age limit of draftees.

When a visit was made to Carl's teacher, the latter characterized him as a quiet boy, more of a "plugger" than very "keen." Grades were B average, conduct A. He was not active in games, did not join in baseball. The teacher recalled an incident when Carl fought because boys called him names and he seemed able to defend himself. Mrs. G came to the

school because of this incident and impressed the teachers as very nervous and excitable. She confided to them that Carl had a terrible temper but they had seen no signs of it. The teacher considered Carl above average in intelligence but his I.Q. had not been determined.

At this point, there had been five interviews with Carl, one with his father, three with his mother, and a school report and medical information had been secured. It now seemed appropriate to seek psychiatric consultation.

The emotional themes of the interview material seem fairly apparent, the symptoms are described, and a certain amount of social history has been secured. It is necessary to go one step further in formulating our understanding of Carl. It is essential in undertaking treatment of psychological disorders to organize the various presenting symptoms or behavior disorders into recognized syndromes. Thus we can secure the benefit of clinical practice with many similar cases. Diagnostic labels as tags attached to people are unimportant, but if we use them to designate specific clinical entities, the content of which we have learned, then these diagnoses throw light on the types of personality we are dealing with and thereby afford the opportunity for selection of treatment method, of specific techniques, on a scientific rather than a capricious basis. This method of study and diagnosis provides us with a common point of departure and enables us to chart the goals of therapy because we understand the total personality structure of the individual, whether child or adult, rather than the current dynamics alone. The success of treatment rests on an understanding of the highly individual deviations and details of the personality, but it is not necessary to achieve this high degree of individualization at the expense of disregarding common structural features between this individual and others who suffer from a similar malady. The essence of clinical practice is the grouping of disorders, the quick cross-referencing between types of disorders which enables the practitioner, at any given moment, to afford the individual patient the benefit of the best professional knowledge. However incomplete and faltering our steps in the direction of a more scientific method of diagnosis, it is essential for the benefit of our clientele that caseworkers combine their sensitivity to individual dynamics with more detailed observa-

tion and more systematic collection and organization of historical material and presenting symptomatology. In order to establish a definite psychiatric diagnosis we must have the help of psychiatric consultants not only in evaluating the nature of the disorder but also in understanding the steps by which diagnostic conclusions are reached.

As a result of psychiatric consultation, we reached some initial diagnostic conclusions: Mrs. G appeared to be suffering from an anxiety neurosis which was inaccessible to treatment on any but a supportive, non-insight-giving basis. The duration of her problem, the chronicity of her anxiety, her age, and her lack of insight made psychiatric treatment also appear inadvisable. If subsequent developments should alter the picture, the possibility of psychiatric referral could of course be reviewed. Casework could afford her opportunity for release of anxiety and meet some of her dependency needs by concrete planning, suggestions, and assistance during the temporary absence of her husband, on whom she had leaned so heavily. A decision was made to separate child and mother for treatment, since it was anticipated that Carl might become blocked by his suspicions of what the worker and his mother discussed, and that having the same worker would intensify the rivalry situation between Mrs. G and Carl and thus distort the treatment focus.

Carl's problem was considered to belong to the clinical grouping called primary behavior disorder, although in his case marked neurotic trends were also noted. His behavior was clearly reactive to his environment. His temper outbursts and his fights with his mother which he had always accepted with a minimum amount of conscious guilt, although he was now 11 years old, indicated his feeling of justification in response to the inconsistent, nagging, punitive environment provided by his mother. It reflected a lag in his developmental process, since at 11 he was behaving toward his mother as if he were a very young child whose aggression was not yet fully controlled by inner moral prohibitions.

The neurotic trends in his personality were evidenced by his psychosomatic disturbances and his feeling that illnesses and operations were visited upon him because of his own sense of wrongdoing. His tension and anxiety revealed his fear that severe punishment—castration—was about to be inflicted and that, regardless of the

defensive aggression he could muster, he was helpless to oppose it. The material as previously noted indicated guilt primarily over masturbation. It should be noted that there was strong provocation for these fears in the reality of the operation he was facing.

It is generally of great importance to locate the particular phase of disturbance in an individual's psychosexual development in order to understand and hence be in a position to modify the original conflict and the mechanisms by which the individual has defended himself. Two interpretations of Carl's central problem—his hostility and aggressiveness toward the mother and his strong attachment to his father—seem possible at this point. Which is correct will have to be determined in the light of further material. (1) He may have reached an oedipal relation with his mother—that is, a stage in which the boy's sexual impulses and fantasies are directed toward his mother with strong aggressive, rivalry feelings toward the father and consequent fear of retaliation. If this is true, then we see his aggression and repudiation of the mother as a defense against his own inner drives toward her, arising out of his expectation of his father's retaliation. (2) He may be in an earlier, more narcissistic stage of development in which the father is the object of his sexual fantasies and he wishes to be a wife to his father, to substitute for his mother, and to assume a passive role in relation to a more powerful male figure.

Therapeutic considerations revolve around selection of treatment method, material to be covered, therapeutic goals, and decision as to whether caseworker or psychiatrist should undertake treatment.

It is necessary for Carl to have psychotherapy in order to enable him to gain control over the impulses within himself which bring him into conflict with his environment and which by a series of reactions and counter-responses retard his development to maturity. This will depend upon giving him insight into the situation as well as his own responses to it. Although this is not possible with a younger child, with one his age it can be done through the verbal interview. We are confronted by a situation in which the environment as represented by his mother is relatively unchangeable but we can hope to give Carl an understanding of her illness, her eccentricity, her personality. Through such understanding he will acquire more control over his own responses to this sick mother, and also

the capacity to recognize that her standards and behavior do not represent the whole of reality. This should help in freeing him to form other relationships and to seek other avenues of satisfaction in his environment.

We shall have to allay his guilt over his wrongdoing and his anxiety that he is about to be castrated. His guilt over masturbatory and homosexual experiences with other boys, if these are occurring, can be alleviated by reassurance that these are usual developmental stages and that Carl is neither peculiar in having such experiences nor unable to outgrow them in the course of his maturation.

His castration fear, which overshadows the presenting material and arises not only out of inner guilt over wrongdoing but also out of the circumstances of his illness and impending operation, can be relieved from two sides: (1) as his guilt feeling is reduced, the inner pressure will be less, and (2) the operation can be postponed indefinitely and he can be given full understanding of medical or surgical procedures so that he understands their realistic physical component and does not see them as mysterious instruments of punishment. Carl's active participation in getting hospital reports, in full discussion, in choices, and so on is extremely important to secure since that in itself is helpful in demonstrating that he is not the passive, victimized, punished, and therefore guilty recipient of the aggression of more powerful individuals. It is noteworthy that in such discussion as outlined above, although the concept of unconscious castration fears is basic to the therapy, the therapy does not depend upon the interpretation of these fears as such nor on the uncovering of unconscious material, but rather revolves around discussion of Carl's conscious emotions and attitudes in relation to real life experiences. If there were less reality justification for his fears or if, even with reality stimulation, he were a younger child who was actually living through that particular phase of psychosexual development, then there would probably have to be uncovering and working through of unconscious material *per se*. Carl, at 11, even with many handicapping residual fears, nevertheless knows that in reality he has not been deprived of his genital. Without minimizing this boy's psychological disturbance, I should like to emphasize the point that even well adjusted adults have some lurking residual anxieties from infantile experiences and that certain real life experi-

ences can frequently reactivate these to greater or less degree without resultant serious emotional illness if the type of reactivation is understood and dealt with.

The type and level of treatment suggested indicate that a case-worker, with the benefit of psychiatric consultation, should be able to handle the material. However, if unconscious material should need to be elicited for purposes of interpretation, the special skills of a psychiatrist would be necessary.

The treatment of the mother was throughout on a supportive level, with the worker giving many practical suggestions and tangible help. Further history on Mrs. G confirmed the early diagnosis of a very dependent, anxiety-ridden woman whose condition had been chronic since her adolescence. Her mother, to whom she was very much attached, had died when Mrs. G was 16. Following this, she had attempted to work in a near-by town but had a "nervous breakdown" and was brought home by her family to be cared for. She recovered and came to the United States to be with her sister who was married and living here, and then met Mr. G. Her nervousness, which had decreased during the period following her breakdown, increased when she married even though Mr. G by her own description was patient, uncomplaining, and willing to take care of her. The upset during the period in which she applied to the agency was exaggerated by Mr. G's absence in the army and by Mrs. G's being in menopause. The worker saw Mrs. G regularly, assisted her with her budget planning, reassured her about her medical treatment, and at points gave her specific suggestions about handling Carl. The tone of the contact was sympathetic, reassuring, and gave Mrs. G opportunity to ventilate her ever present anxiety. Mrs. G formed a close, dependent attachment to her worker which made possible the giving of direct suggestions and advice in a kindly, sympathetic manner. Mrs. G phrased it: "You talk to me as my mother would."

From this point on we can follow treatment of Carl thematically rather than chronologically to illustrate the manner in which his defenses were identified and modified and his development was assisted in the direction of the normal.

As Carl's initial suspicions of me gave way to his recognition of my friendliness and trustworthiness in not revealing his confidences to his mother, and of the value of my alliance in pro-

tecting him from physical injury, he began to relate to me in a more positive way and to reflect this by a sudden improvement in his relationship with his mother. He stopped fighting her temporarily and began to talk more about his reactions to his mother: "It's the constant sound of Mother's voice telling me what to do, what not to do, scolding, and so on, that makes me wild. I hit out at her and feel badly about doing this because boys are not supposed to hit their mothers, but I can't stand the way she talks. I am trying hard to keep it in, but I'm not able to entirely." I emphasized the reality that his mother was a very sick person who might often act in a peculiar way and that it would be hard to take. (It was possible to be frank with Carl since the mother was in treatment and had full recognition of her own inconsistency.) Up to now, the only way he could figure out to handle it was fighting her, but now perhaps he could work out other ways of doing it.

Following this he settled down in the treatment situation, seeing me as someone who could give him some surcease from anxiety and tension, could help him achieve some peace with his environment.

Even though not consistently maintained, the initial shift, from acting out to a consideration of one's actions both in terms of motivations and results, is an important and basic indication of the establishment of a treatment relationship since it shows (1) that more energy is going into the relationship with the worker and less is being used for the previously destructive and undisciplined acting out, (2) that the child has already made some beginning identification with the worker's standards and that he is striving to control his own impulses in accordance with these, although his control will be precarious for some time to come.

The point needs to be emphasized that this type of relationship is established solely for the purpose of enabling the client to share freely his conflicts, his fears, his guilt—in other words his inner problems—to the end that he can be helped. It is not established merely because a positive relationship is therapeutic in and of itself. Another point to be stressed is that a therapeutic relationship is not secured by amiability on the part of the worker but develops out of (1) the client's distress and need of help, (2) the inner problems he has shared with the worker, (3) the pattern of his life relationships, and (4) the effective manner in which the worker deals with the material presented and with the anxiety displayed. Thus the type

of relationship formed between client and worker will vary according to the needs and patterns of the former, will be utilized as a medium through which the client's problems can be tackled, and is one of the ways in which his life patterns can be seen in concentration and thereby effectively understood and interpreted.

Because of his positive transference, at this point Carl began to share more of his fears of bodily injury, telling how he could not go to camp because he feared other boys might gang up on him, might rob him of his money, or "take something away" while he slept. He fantasied that the boys would fall on top of him and hurt him, and so on. He heard the doctors say that something about him was "abnormal" and wondered what the term meant. He developed further his idea that some of his present illness derived from disobeying his mother who had cautioned him against exercise following his appendectomy. I pointed out the reality that the doctors did not make this connection, but perhaps Carl felt that his pains and illnesses resulted from having done things he was not supposed to. This stimulated a discussion of sin, with which he was much preoccupied; he characterized as sinful behavior hitting one's mother or lying. His mother was always accusing him unjustly of lying about his homework and he became indignant as he told about her unending lectures. I generalized in a reassuring way that boys often do lie to their mothers and Carl then confessed he had done this.

It is beginning to be clear from this that Carl's fighting with his mother is a defense against his own guilty feelings and, as frequently occurs, involves him in more anti-social, destructive, painful activity than the expression of what he defends himself against. He feels he has done something wrong and is overwhelmed by guilt and fear of retaliation. He projects the blame onto his mother (she is unjust in her accusations, always lecturing, harsh, and so on) and is then able to fight her with justification. This defense becomes unnecessary when he is reassured about his feelings of guilt, but naturally it will be given up only after a long period in which the sources of his guilt one after another are understood and dealt with.

Within the next few interviews after the session just discussed, Carl appeared with a tiny scratch on his eye which he had received accidentally when his mother slapped him. He was obviously pleased about this scratch and anticipated the satisfaction of showing it to his mother when he returned home.

He imagined that she would feel very guilty. I commented on his need to show that his mother could do wrong things and his pleasure in making her the guilty person. He stated that sometimes she did wrong and yet she was always accusing him of wrongdoing. Interpretation was given that his marked pleasure in his mother's wrongdoing and guilt must be a reflection of his own inner guilty feeling, since otherwise he would just feel angry at what she had done. It was like a game—who did the most wrong things? Carl's response to this was that he did "do a lot of things" but his mother always "talked so much." He subsequently elaborated his desire to leave his school because of so much fighting—"boys falling upon me from behind"—and other bad things the boys did. They used bad language like "bastard" and even called each other "fucking bastard." He expressed this with blocking—"I can't remember"—and anxiety, feeling it was a sin to remember such things. Reassurance that boys growing up go through this stage and yet are not bad or sinful elicited the confession that Carl, too, had used this language and had also engaged in these fights. He speculated that girls stayed home more than boys; staying home reading and listening to the radio was safer, yet he wanted to be a boy. Going on the street was dangerous since others might attack and Carl might be hurt. He recalled how one boy hit his arm and now it was sore. Even though he recognized this in reality as not very serious, he imagined but could not specify worse things that might happen. I summarized his feelings for him—that he was playing with the idea of denying himself all the fun boys have together because of his fear that sometime, somewhere, something would happen to hurt him. His response was that he didn't want to get hurt but fighting did exist everywhere, not just in his school, so maybe his school was OK.

This kind of summation, which is not deeply interpretative, enables Carl to see how his inner fears (vague, but persistent—somewhere, sometime, something will happen) are projected into the reality scene and lead him to false and restricting defensive activity. His response indicates that he can no longer rationalize it as a peculiarity of his school setting and suggests his conclusion that it is he rather than the school that is not OK.

One week later he reported that his school had had a field day and he had played baseball. He and the other boys had had a very good time. He noticed that two of the friends got into a fight and this made him feel good because he "saw for the first time" that they are not all lined up against him but also fought among themselves.

The fact that Carl's superficial anxiety has been somewhat alleviated by his contact (now approximately two months) enables him to venture into activities which previously he had denied himself, and to check against reality his own fears and anxiety-motivated distortions. Each such successful effort on his part is ego-strengthening.

Carl's type of defense can also be seen in relation to me through the following incident:

He came a half hour late to his appointment, commented on it immediately, and explained that his two friends had asked him to play baseball and he really preferred doing that to keeping his appointment. When I questioned why he had not played with the boys then, he embarked on a complicated explanation. He had tried to telephone but suddenly forgot the number. He asked "Information," was connected with some other part of the agency, and, before he could learn the correct number, his nickel ran out. He then told his friend he would "have to keep the appointment." When I questioned whether he felt he "had" to come, he responded that his mother wouldn't like it if he didn't but then admitted that only once in the beginning had his mother even suggested his coming. Interpretation that one part of him wanted to come and one didn't brought first the rationalization that he wouldn't have come if he hadn't lost his nickel and then a sheepish admission that he had another nickel to make another call. Further interpretation of his positive as well as his negative feelings and the naturalness of positive feeling because of the help given him, the fact that positive or negative feelings could be discussed freely between him and me brought forth the admission: "I guess I really wanted to come." However, shortly after this when I told him of my coming vacation, Carl responded that he would be so busy he wouldn't even notice I was away.

Carl attempts by mechanisms of denial and projection to avoid facing his positive feeling for the worker since to face it carries an implicit threat of helplessness and disappointment which he has already experienced with his mother. Discussion of the transference aspects at this time might well have included more of his feeling about the worker, the necessity to pretend he didn't care about her going away, and so on.

Within the next two months he showed me off to a friend of his, spoke to me in a commanding although joking tone, and attempted to play off his mother and me against each other.

Later, he revealed he had done to me what he felt his mother did to him—he had been “bossy.” In discussion of his mother’s illness and hypersensitivity and what he could do to control his own reactions, he expressed openly his resentment of her connection with his father. He told of his maneuvering to be alone with his father (home on furlough) and his wish to sleep with his father. He said he crowded in bed with both parents until finally his mother left him alone with his father. He resented her complaints about this. He insisted that the door between his room and his parents’ be left open and he engaged with his mother in an unending struggle of opening and shutting this door many times during the night. He could not stand to have any door closed and he listened to what was going on in his parents’ room. I interpreted to him that it was his own inner feeling about being shut out that made him unhappy since it is only natural for husbands and wives to talk together and to sleep together. His wish that this should not be so made him miserable. With defiance, he responded, “I want my father” and he did not see why his mother should “horn in.” He described fights with his mother in which he hit her “to end the argument.” As a result he was hit or punished and he anticipated this outcome from the beginning of his argument with his mother. After further discussion of his letting himself in for such punishment, it was interpreted to him that he felt guilty about his resentment of his mother and really provoked her to punish him by hitting her.

His guilt over his homosexual drives was expressed, a few interviews later, by his account of a fight he had with Arthur, whom he had met since coming to the agency. Carl hit Arthur, who scratched him in return, because of anger at the manner in which Arthur was singing on the street. Arthur’s choice of love songs and very feminine gestures caused people to look at them. This followed a trip to the movies in which Arthur “whispered a lot,” kept touching Carl’s arm, and finally “cuddled” up close to him. Carl characterized all this as silly and annoying, said he didn’t like that sort of thing and had “just let Arthur have it.” He described contemptuously how Arthur had scratched him “just like a girl.” He mentioned that another boy had accompanied them in the past to the movies and had just laughed at Arthur’s behavior but had not beaten him up. Around discussion of the different fashion in which Carl and his friend had reacted to Arthur, it was possible to show him how his own enormous anger and consequent fighting reflected his fear of Arthur’s behavior. He agreed, pointing out how people on the street had looked at them. I was then able

to give Carl some interpretation of "crushes" between boys as part of a developmental process which in time would be outgrown and that, since it was just a stage through which one grew, it didn't have to mean anything terrible. He said he had noticed these crushes and followed this by brief mention of another boy whom he admired as a fine wrestler.

Having reviewed some of his earlier denial of positive feeling, we can now at a later point see Carl's positive transference which was revealed by his report of telling another child, who had a different worker, that his (Carl's) was the best in the office, and so on. He is faced with a psychological dilemma. He feels it is safe to express his positive feelings, can no longer deny that he likes his worker, even feels competitive with her other clients (checking her calendar), but he still feels resentful of his mother and is convinced that she is a disappointing person and that women are nuisances. He handles this dilemma by trying to make the worker unique and different—the good mother as opposed to his own bad mother. It is at this juncture that the worker, in her identification with the child, must exercise care lest she permit this often gratifying fantasy on the child's part to block real modification of his attitude toward his mother. To quote one such graphic incident:

Carl and I were getting a drink of water from the cooler and he behaved in a very polite and solicitous way, giving me the first drink and saying, "Ladies first." I asked how this applied to his mother and he laughingly responded that it was different with her. I interpreted that in this fashion he could show his fondness for me and behave politely and then can go home and fight with his mother. He began to contrast how his mother lectured him, got excited, "never left a subject." I, on the other hand, talked quietly and was calm and understanding. It was then possible to point out other differences, too, between us in that his mother was ill, was living with Carl, and that he provoked her deliberately for purposes of his own whereas with me he didn't do that.

At this time (six months after the beginning of treatment), it was medically necessary for Carl to have an operation for hernia and undescended testicle. His anxiety reaction was extreme as manifested in bodily movements, facial pallor, and rigidity of bearing. In several interviews, during which this operation was discussed, several points were kept in mind which in general are important in

helping children through such experiences: (1) The active participation of the child is essential so that he is not the passive recipient of fantasied attacks by other people. (2) The child's fears and fantasies have less chance of mounting and overwhelming him if he understands the real nature of what is going to happen in terms that he can grasp. (3) The repair aspects of surgical procedures can be emphasized rather than the fantasy of losing something or having something cut out. (4) Any child going through such an experience needs the active, sustaining, emotional support of an adult whom the child regards as a protection. With a less disturbed child and a less disturbed mother it is possible usually to achieve this through the parent's relationship to the child.

Carl naturally was stimulated again to connect his operation with his expectation of punishment for past wrongdoing. He "knew all along" that he must have a hernia and related it to his having disobeyed his mother following his old appendectomy. I pointed out a parallel case of a small boy whose mother forbade him to eat candy and when the little boy took the candy anyway, he felt very guilty. A few days later he caught cold and felt his sickness was punishment for having disobeyed his mother. When Carl laughed at this example, it was pointed out that he laughed because he could see those things didn't follow and were only a little boy's fears but yet sometimes even he put things together that did not belong together. His response was thoughtful but nevertheless skeptical since he insisted he had never known anyone else with a hernia. He didn't really know what it was. I explained it to him as a very common occurrence that could happen to anyone and fortunately was not serious. The abdominal wall is like a piece of elastic and stretches easily. He took up a rubber band, pulled it, asked if it was like that. I praised him for his quick understanding and went on to explain that we speak of a hernia when this elastic was stretched a bit too much. His growing relaxation was checked by his fantasy of being cut on. He elaborated on the doctors in long gowns with long knives and on the fact that he would be asleep and unable to know what was going on. I pointed out that in reality it was possible to know. What would he do if his elastic band was stretched too much? He demonstrated by holding it in and the worker responded that was exactly what the doctors would do—"take a little tuck to fix the person up." There was further discussion of the anesthesia, and in his presence I talked with the doctor, answer-

ing some of his questions about hospitalization, diagnosis, and so on. It was explained to Carl that his fears were usual with people because, since most people didn't know much about operations and hospitals, it was easy to imagine a lot of strange and terrifying things. Sometimes we forgot that we ourselves just made up these thoughts and pictures of how things might be and our fear kept us from finding out how they really would be.

The undescended testicle was explained to him as similar to a yo-yo, a ball on the end of a cord. When boys are growing up, two balls, each attached to a cord come down a canal. Sometimes one cord is not long enough so one ball doesn't come down all the way. Carl thought that when they operated they must pull it down. I agreed, pointing out that they tried to stretch it down and put the ball in the scrotum but sometimes, if the cord was too short, it bounced back the way a yo-yo does. Reassurance was given that a boy only really needs one and time was spent working this through since examination had revealed the testicle high in the abdomen and the prognosis was extremely uncertain.

In addition to this type of discussion, there was talk about the hospital routine, his mother's and my visiting, and the use Carl could make of the medical social worker.

The emphasis throughout was placed not on denial of Carl's fears but on recognition that the presence of fear does not necessarily indicate the imminence of anything dreadful in reality.

The hernia was repaired but the testicle could not be located in the inguinal canal. The hospital reported that Carl's recovery was normal, his attitude cheerful and co-operative. When I visited him, Carl explained how different he had felt about this anesthetic. "I didn't fight the way I did when I had the appendectomy." He talked about the pretty nurse, getting the other patients to support his claim that he was her favorite. He was planning to show her a letter from his girl cousin, sealed with a heart, to make her jealous.

From this point on steady progress toward health was manifested by his beginning interest in two girls who lived near him, by his decreased fighting with and defiance of his mother, by his growing identification with his father rather than his use of the father as the object of his libidinal drives. This identification was evidenced by discussion of his wanting to do work like his father, to learn "how to get along with Mother the way Father does." As Carl's energies were directed increasingly away from the home and his anxiety about the danger of attack was lessened, he was able to make use of group activity. His

first experience was in a country convalescent home, following his operation, where he made a good adjustment, but under protectively restricting circumstances since his companions were all children recovering from surgery or illness. The second attempt was his going to camp for a four-week period. He expressed qualms about going, and would have much preferred vacation on a farm owned by a middle-aged bachelor, but decided to try camp after discussion with the worker about the purpose of his going, why it would help him, and what his fears were. The camp, although understanding, was too regimented in its program to be really suitable for him. It nevertheless basically increased his assurance that he had nothing to fear and that he could have positive gains from fellowship with others of his age, even though he had to meet them on a give-and-take basis that meant not always being able to do what he alone wanted at any given time. Following this he entered sporadically into settlement house activity. The next summer, 1946, Carl enthusiastically accepted camp (a different one), was away for four weeks, and this time was unqualifiedly positive in his account of the camp program and camp group. A real metamorphosis seemed to have occurred during this period as his treatment gains were consolidated. His appearance was more masculine, more self-confident; his manner spontaneous and enthusiastic. He had spent some time at camp carving a cedar-wood brooch for his mother and, significantly, made me no present.

Carl's relationship with his mother, because of her basic limitations and physical illness, can never be altogether satisfying. He recognizes how anything "can set her off" but no longer needs to set it off or to react to it in his behavior as he formerly did. He said we "don't get so mad so much any more." Since he is now involved in high school activities and an after-school job and a wider group of friends, he has increased avenues of satisfaction and is less dependent upon the immediate family. Because he has worked through his feelings about his father, he has less competition with his mother and therefore less basic guilt so that he does not need to provoke her as he formerly did.

Only selected excerpts from the case material have been given, to show the nature of Carl's problem, the kind of interpretation given, and something of the results, but it must be understood that in order to help him work through certain attitudes, lengthy discussion and much repetition of material had to occur.

It is important to note that the kind of treatment described in this paper, although it is now an established function of the caseworker, nevertheless requires psychiatric consultation and guidance. In this case, consultation² was sought within one month after the opening of the case. Two months later the material was reviewed in another consultation. In the fifth, sixth, and seventh months of the case there were telephone conferences with the psychiatrist around specific problems. The last total review of the case, although there were some subsequent telephone conferences, occurred thirteen months after its opening to appraise the results of treatment and consider next steps.

The amount of psychiatric consultation required depends upon a variety of factors in the individual case but some general considerations are:

1. The degree to which it is possible to establish an early and comprehensive diagnosis. Even where this has been possible the caseworker needs to be alert to additional material which might modify the original diagnosis if the psychiatrist were given an opportunity to review the material.

2. The degree to which it is possible to chart the direction of treatment and to anticipate the nature of the therapeutic problems to be encountered. This depends in large part, naturally, on diagnostic formulation. In some instances the potentially explosive quality of the material, the precarious balance of the client, or the experimental status of the treatment requires psychiatric consultation on a more supervisory level at weekly, bi-weekly, or monthly intervals. This is a decision to be reached jointly by both psychiatrist and caseworker.

3. The skill and experience of the caseworker and the extent of his familiarity with the type of treatment planned.

4. The competence of the caseworker to judge when either a shift in treatment focus or the production of new material necessitates immediate psychiatric review. This is a problem of paramount importance in psychotherapy in a social agency where social workers rather than psychiatrists are administratively responsible for the service and must exercise great discretion in seeking consultation.

The treatment of Carl illustrates some modification of our orientation to children's problems. As Mrs. Austin has pointed out in the

first chapter,¹ although we recognize the tremendous etiological importance of parents' attitudes in the emotional disturbances of their children, this does not mean that we need to exclude from the possibility of treatment a child whose parents' emotional problem may be unmodifiable. Obviously, this type of decision will have to be made with reference to the child's age, the nature of his problem, the type of problem the parent shows, the extent of the parent's co-operation. It is important to define carefully what we mean by parent's co-operation. In this case, although it was early recognized that the mother's basic problem would not lend itself to treatment, it was also true that she consciously wished to make help available to the boy. She was ready to accept Carl's improvement and did not sabotage the treatment endeavor by trying to disparage the worker, the type of help she could give, and so on.

In other words, family dynamics work in two directions. We must keep in mind that, although the history of most reactive disturbances shows the parents' attitudes to have been responsible for the development of various distortions in the child, nevertheless by the time he gets to us these attitudes, distortions, patterns comprise the personality of the child and as such have specific and individual uses to him which must be dealt with as his own problems and which set up counter-reactions in the parents. Thus, although Carl's stage of emotional development at the outset can be attributed to the way in which he was handled as a younger child and reflects his parents' own problems, nevertheless one cannot escape the conclusion that his fights with his mother, for example, have an individually dynamic meaning and use to him, and that even real changes on his mother's part would not have modified his attitude by the time he came for treatment. The fact that even a 12-year-old can modify family interrelationships by change in his own attitudes is striking but well substantiated.

All psychotherapy has as its implicit goal the extension of the individual's control over his environment through his freer understanding and more flexible control of his own emotions. We sometimes forget that this is a relative proposition both quantitatively and qualitatively and that, therefore, some degree of mastery is possible even for a child in the midst of less than ideal family relationships.

¹ See Chapter I, p. 3.

VI. TECHNICAL CONSIDERATIONS IN TREATMENT OF THE PRELATENCY CHILD

Elise de la Fontaine

IN HER INTRODUCTORY CHAPTER, Mrs. Austin has discussed certain principles of psychoanalytic psychology which underlie effective casework with children. She has related her presentation to treatment of children in their family setting and particularly to treatment by a family caseworker. In this chapter we hope to scrutinize more closely the technical concepts of such diagnostic and therapeutic procedures, and to give further consideration to the determinants affecting our decision as to whether and how to treat.

In all casework treatment the accuracy of the dynamic, diagnostic appraisal of the client's personality and social situation determines the effectiveness of the treatment plan envisaged. In work with children particularly, the importance of such appraisal cannot be overestimated. The child, especially when he is young, is closely dependent on adults in his family and can be treated effectively and uninterruptedly only if we understand them as a vital part of his environment. Such understanding must include the cultural determinants that may well affect our ability to modify the child's adjustment and the parent's handling of the child. Whatever type of treatment is undertaken—direct treatment of the child or indirect treatment through the parent—we need to be aware not only of the individuals involved but also of the dynamics of the society in which the family group lives.

"The method and manner in which the ego admits, repels, or modifies instinctual claims depend on the way in which it has been taught to regard them by its environment."¹ The socialization

¹ Otto Fenichel, *The Psychoanalytic Theory of Neurosis*, W. W. Norton & Co., New York, 1945, p. 464.

process at any given time represents a historically developed working adjustment, reflecting the interdependence of the individual and the cultural forms. Thus socialization takes on a new importance in casework with the preschool child. The instincts are relatively the same for everybody. The individual egos, however, are different because they are a product of the interplay of the unconscious instinctual demands and environmental influences. In the parents' training of the child will be reflected, for instance, cultural imperatives as to how and what to feed a child, when and to what extent cleanliness must be demanded, how and when he is to be told "the facts of life."²

In trying to help the very young child, the caseworker comes into forceful contact with the "weight of the past," expressed through the bearer of that past in terms of his parents' emotional adjustment and social heritage. Overlooking or underestimating this very powerful and often irreversible "environment" of the young child has meant disappointment in treatment results, loss of the young client, and sometimes even damage to the child.

It is sometimes felt that special care may be indicated in working directly with the individual child, but is less imperative in indirect treatment of the child through the mother. It is here that we have often undervalued the tenacity of habits and culture in the adult and, what is even more important, the details of the systematology of a culture or of the environment. An example given by Dr. Margaret Mead in a discussion of this subject illustrates vividly the compactness of a culture. The busy, kind Italian mother is likely to try to stop her baby's crying by giving it a good-natured slap and, almost with the same movement, picking it up to nurse it. Now any public health nurse could probably train this mother to feed her child on a regular schedule. Unless, however, the nurse is aware of the other part of this way of nurturing (the slap), more harm than good may come of this training. Frustration will be added for this baby who has been accustomed to almost immediate relief of

² See Frederick H. Allen, "Combined Psychotherapy with Children and Parents," *Modern Trends in Child Psychiatry*, International Universities Press, New York, 1945, p. 257. For general discussion of this concept, see also Margaret Mead, *And Keep Your Powder Dry*, William Morrow & Co., New York, 1942; for complete discussion of the learning theory, see Miller and Dollard, *Social Learning and Imitation*, Yale University Press, New Haven, 1941.

tension. Under the old way the baby associated the slap with immediate relief of tension, but with the new regime gratification is delayed while the painful element—the slap—is retained. Helping the adult to modify the socialization of the child in one area may very well leave another area without its balance, and thus impose greater strains on the child.

The importance of understanding the parents' socialization process and ideals cannot be overestimated nor can the need be too greatly stressed for detailed understanding of the hair-trigger action of external events, such as the hospitalization of the parent, unhappy experiences with other children, forcible interference with thumb-sucking, and so on. This understanding needs to include some knowledge of the neighborhood or social milieu. It is true that the attitude of parents or nursery school teachers toward children's behavior, especially toward sexual or excretory behavior, will largely be determined by their personal, culturally shaped reactions. The general atmosphere about such matters, however, affects to some extent both parent and child. The sum of current knowledge in a given social stratum influences, to a greater extent than is often credited, parental attitudes in this and other matters pertaining to socialization.³

A 4-year-old girl had the habit of asking "embarrassing" questions. Her mother was shocked but, by her own admission, it was the reaction of the neighbors and her own mother which had made her question her own more liberal acceptance. "I have overheard and have had people say directly to me that such a child as mine is going to be a problem when she grows up." At another time the mother said to her caseworker, "Many times I am embarrassed and scared by some of the things my little girl says to people. She is so terribly frank . . . I feel people are criticizing me and that I will get the reputation of allowing my children to do or say anything they want." This mother could scarcely bear it when her child tried to urinate on the street like a little boy. (Although, in this community, urinating on the street by little boys is not unusual.) Similarly, another mother, after her 2½-year-old child had been naughty at the nursery, was ashamed to meet other nursery mothers on the street, wondering what they would think of the mother of "such a bad little boy."

³ For further discussion of this idea, see Margaret Mead, *op. cit.*

One obvious difference between the child and adult client is the degree of subjective disturbance. The adolescent or adult may not be aware of his more fundamental problem but he seeks out or is sent to a casework agency for some *known* difficulty, frequently of a concrete nature. With the preschool child we rarely find a conscious desire for help. The suggestion for help *always* comes from the environment, usually parents or nursery school or even the caseworker, with perhaps only the minimum co-operation of but one parent. Here the caseworker faces the same problems of adjustment in technique as the child analyst.⁴ The child cannot even be asked for his consent, but if he were he would have no way of forming an opinion. The caseworker himself is something unknown, and the most important factor is that the little client feels nothing of his real trouble. Little Tony, aged 2, was an active, noisy, bright little fellow when the caseworker first became aware of possible need for treatment. The mother complained of too much activity on Tony's part and was concerned over a regression in toilet training. Neither one of these difficulties was really extreme but they were too much for his mother because her situation was overwhelming. Tony had problems—loss of a father, a new baby on the way, a compulsive, anxious mother—but he was not consciously aware of them as he discharged his tensions by demanding his mother's attention and later becoming increasingly negativistic for a longer period than normal for his age. A little girl, aged 4 years 6 months, asked questions very much within the normal range. By persistence she got some answers and some slaps, but she did not know she had, or was, a problem.

Little Martin, a 6-year-old runaway, came nearer than most children to telling us what troubled him. His parents had been separated since he was a year old and his mother worked very hard in a bakery all day and was tired at night. A good deal of his life had been spent in a nursery. During this time his grandfather and aunt, who had lived in the home, died. Martin had several difficulties in the nursery, but the one that caused transfer to a public school kindergarten and referral to the family agency was his constant

⁴For discussion of a similar problem by an analyst, see Berta Bornstein, "Clinical Notes on Child Analysis", *The Psychoanalytic Study of the Child*, Vol. I, International Universities Press, New York, 1945, p. 151.

running away. In his first interview he said, "I'm going to kindergarten now but I don't like it. I'm going to go down town to make a bakery." What would he do in a bakery? "I would make pies." He continued, "I'm going to go down town to make a bakery through the bushes." When I asked him what kind of bushes, he looked around and saw a picture of trees on the wall, pointed to it and said, "They are bushes like the ones on the wall. I could go there with a horse and wagon too, and take an axe along because I have to chop wood to make a bakery. Everybody is working these days."

It needs a knowledge of the home situation (mother works in a bakery) and great skill in "hearing" children's language before we can translate this into meaningful requests. In this first interview Martin gives us a clue to why he runs away. It is as if he were saying, "I don't like my school." He brings his problem to the caseworker—"I have no home, no one to take care of me. Everybody is working these days."

Since two elements we deem essential in initiating casework treatment with adults are often missing in work with young children—awareness of need for help, and a voluntary decision to seek help—we shall need a preparatory period, engendering desire and readiness for help both in the parent and in the youngster.

Even where we do not treat the child directly, but hope to further his healthy development through the mother, our work with her to this end needs to be carefully prepared and framed. If we content ourselves with casual, haphazard advice and guidance, with an inadequate picture of the parent-child relationship and the mother's own cultural orientation, we actually may be destructive. If the props and defenses of the mother are prematurely shaken or if her resistances are improperly handled, we may be exposing her children to greater conflict. In dealing with mother and child (or with the mother alone in behalf of the child) we need to use the early period thoughtfully to establish a working relationship in which the parent will feel she is understood. She will then be freer to share with the caseworker information as to the child's symptoms and her past and present methods of training him. Even with the most careful preparation, ambivalence on parents' part in sharing the child with a caseworker, fear of exposure of their daily life by the child, and

anticipation of criticism of their handling will have to be watched for constantly.

Where the child is to be treated directly, one of the early considerations is whether or not he should be treated by the parent's caseworker. There is a general feeling among child analysts, shared by some caseworkers who have tried to find diagnostic clues to this question, that children in the prelatency or early latency years can be helped better by having the same caseworker as the mother. This conclusion is based on the very close mother-child unit that persists through these years. There are, of course, other factors to be noted and appraised in each case, such as the quality of the mother's need of the child—the degree of possessiveness, extent of identification, as well as the degree to which she protects herself and her environment and the degree of and reasons for dependence of the child on the mother over and above what is normal for his particular age. Prolonged or excessive dependence must also be evaluated in relation to the security of the environment, traumata such as loss of parents, displacement by younger siblings, and so on.

Frequently one of the best clues as to whether one or two workers should be used is the caseworker's estimate of the mother's security with him. If this is strengthened by the mother's caseworker's assuming responsibility for seeing the child, it may be important at least to start treatment along these lines, with the possibility of subsequent transfer of the child to another worker. While the caseworker is treating both mother and child, he has certain advantages—his more ready access to what is happening in the parent-child relationship and in the environment, and his greater opportunity to help the mother express and handle her reactions to the child's treatment and revelations to the caseworker. It must be remembered that the child, if only through guilt, sometimes repeats to his mother the content of his interview, often with intentional or unintentional distortions. The worker interviewing a child needs to be aware constantly of his resistances, his ambivalence, his use of the caseworker against his parent and vice versa. Where two caseworkers are used, the closest sharing and co-operation are imperative.

When we embark upon treatment of a child, another question immediately presents itself—how to interpret casework treatment to the child. We have long since learned, in treating older children,

the importance of frankness. The days are past, we hope, when we lured a youngster into the office, ostensibly to talk about music lessons, or camp, or the circus, when he knew all too well the furor at home about his stealing and could think only about how he could avoid being "sent away." Now we usually initiate matter-of-factly a discussion of his "trouble" as we know it and surprisingly often we find him, after a brief moment of resentment and defensiveness, eager to tell us his side of the story and relieved that we want to help rather than punish.

With the prelatency child who, as we have said, has not the same clear awareness of being "in trouble," our interpretation has to be different and is more difficult. If he has fears and verbalizes them with an expression of discomfort, we can tell him we will try to help him not to be scared any more. If, however, he is hyperactive, overaggressive, withdrawn, or overdependent, we cannot face him with his problem as one that he wants to solve. He will meet the caseworker as he does any strange adult, with trust, fear, curiosity, or negativism, and find, as the relationship develops, the familiar elements of getting acquainted—play and conversation appropriate to his age—plus some new and special responses. He comes to know a caseworker who can allow him freedom, yet senses when he needs checking if he is not to become frightened, who knows what he is trying to say through play, who prepares him for new or difficult experiences, and who gives his weak, immature ego the support it needs if he is to grow up normally. For him casework treatment is explained by actual demonstration, with interpretation along the way.

As children grow older, their ability to grasp a verbal explanation increases. Six-and-a-half-year-old Gerry, the oldest of three children in a family known to the agency, appeared to be reacting to many changes in his environment—his father's hospitalization with a tubercular condition and his own hospitalization with pneumonia and suspected tuberculosis. He was described by the mother (who had formerly thought him quick and bright like herself) as sickly like his father and jittery like the disliked mother-in-law. The caseworker, who had also observed the personality change in the child, suggested treatment. Appointments were planned with another caseworker so that the child could be seen at the same time as his mother

for the practical reason that the mother, who had to bring him to the office, was too busy to make an extra weekly trip. Since the relationship between the child and his mother was close, the caseworker helped the latter interpret Gerry's coming to see a person who knew about children's troubles and would talk with him as his mother's caseworker talked with her.

At the time of Gerry's first meeting with the caseworker, he said that he wanted to talk with her about Santa Claus. However, he was heard telling another child in the playroom that he was going to talk about his troubles "like Mother does." In the fourth interview we see the caseworker clarifying further with Gerry the purpose of the treatment:

He looked a little puzzled and then asked was I his mama. I asked him what he thought. He promptly gave my full name. I said that was right; he knew Mother was his mama, but he might still be confused about who I was since I was not Mother or Sister, his teacher. "Oh, no, you help children get over the 'fidgets.'" "That's right, but you are probably wondering how we would do this. Sometimes you might even be afraid of what I might ask you to do, to get over the fidgets." He commented, "We play and talk and—and—" I said, "Perhaps that's what troubles you a bit—'and'—". Well, today we had an example—the 'fidgets' come because Gerry gets excited sometimes when he is worried, not too sure of what is going to happen. He worries about whether he does right and whether he can stop when he gets excited. So I am here to help him get control of the steam." "What's control?" I compared it to an engine where steam is very important to get places, but where the engineer must know just how much steam to let off, how much to use for getting ahead. One part of Gerry made the steam and another part was the engineer. He could, with my help, learn to control the steam—the amount of anger or fidgetiness. [I used the engine comparison because he had talked about an engine when he looked at a Christmas gift.]

This case illustration indicates that it is possible to help the child gradually to grasp the meaning of treatment. It is a slower job than in the treatment of adults and it may need to be continued throughout treatment. Sometimes even though the child verbalizes acceptance, this is not real understanding. The best insurance for a child's understanding and continuing to participate in treatment is a positive relationship between him and the caseworker.

tion by him that the caseworker is his ally in his struggle toward "better behavior," an ally who has something of value to give him. A child works willingly only for a person he likes and trusts.

With young children, the therapist has to work for a real liking by his client, for an actual dependent relationship, because the child is not capable of forming a transference in the adult sense. This is based on the theoretical concept that the young child still has the real person on whom he depends and about whom he has feelings and fantasies; therefore he not only does not need but is also not able to use a stranger—another figure—for transference. Anna Freud describes this by saying, "The child, unlike the adult, is not ready to undertake a new edition of its love relationships, because, as one might say, the old edition is not yet out of print. His original objects, the parents, are actually in existence as love objects . . . between them and the child exist all the relationships of everyday existence."⁵ This does not mean that we do not have to share with the parents the child's love and anger or that we will not get negative and positive reactions depending on the circumstances. Not at all; the therapist of the young child becomes the target of his friendly or angry impulses. These give us important hints as to the formation of his character—but must not be confused with "transference" as used in adult therapy, that is, as displacement on the therapist of irrational attitudes derived from other early significant figures. The negative feelings must be reduced as soon as possible.

The need of working for a positive tie with the child creates problems for the caseworker. He must walk the tightrope of being the sympathetic strong adult without falling into the role of the "good parent" (in comparison with whom the real parent is faulty or "bad") or into the role of the "tempter" who is too permissive of "bad things" against which the child is struggling. Unless the caseworker can avoid these pitfalls he is likely to find the treatment situation becoming the stage for the enactment of "bad" behavior. This can result in mounting anxiety for the child, increasing conflict between him and his parents, and disapproval or ostracism of him by society. Such consequences can outweigh any positive effects of treatment.

⁵ Anna Freud, *Introduction to the Technic of Child Analysis*, Nervous and Mental Disease Publishing Co., New York and Washington, 1928, p. 37.

The caseworker undertaking psychotherapy with young children must be intimately familiar with the intricacies of their instinctual and emotional development and must also be able to assess (often with the help of a psychiatric consultant) the seriousness of the various manifestations of emotional disturbance. This implies skill in detecting and evaluating signs of neurotic behavior. Such skill is based on sound knowledge of the mental development of the young child, as well as on norms for a child's libidinal development at different age levels. In arriving at a decision as to whether a child needs treatment, and if so what type, one does not have as clear-cut diagnostic signs as in adults. Maturation implies conflict; children do not go steadily forward in their development; there are individual slowing-up periods; there are overlappings. Children show various symptoms reflecting these many conflicts. Moreover, the symptom itself is not a reliable base for diagnosis—a given symptom may be a serious signal in one case and a comparatively benign, transitory one in another. To determine the seriousness of any symptom or behavior in relation to age and developmental stage one must assay the quantity and duration of the disturbing signs and their tendency to increase or to diminish.

Treatment, too, offers special pitfalls. The fantasy life in younger children is so real to them that they have difficulty in distinguishing between fantasy and reality. Much of the fantasy is phylogenetic in nature. While the caseworker must be familiar with the primitive unconscious material, he is not prepared by training or setting to use this material for interpretation. This would clearly fall in the realm of treatment by an analyst because of his necessarily deeper familiarity with the unconscious. The permissive atmosphere surrounding casework treatment of a young child is only too likely to let the treatment slip into unconscious material. One needs casework skill of a high order, not to prevent material from coming out, but to avoid being lured into handling such material on an inappropriate level. A clear visualization of treatment goals and possible dangers ahead, and frequent rechecking of these with psychiatric consultation, if indicated, is an important safeguard. In one instance known to the writer, in treating a 4-year-old, goals had been insufficiently visualized and, before the caseworker knew it, the child was giving unconscious material freely. The caseworker wavered

between using educational and therapeutic methods, with marked anxiety on the child's part. The error was caught in time to permit refocusing, but the process was a very difficult one. Continued treatment was necessary because a strong attachment had already developed and the child was deeply involved in treatment. Careful scrutiny revealed that the child's increased anxiety was a reflection of the faulty treatment method rather than a sign of severe pathology or an initial error in diagnosis.

When we have envisaged our treatment goal and have succeeded in preparing parent and child for treatment, we are ready to consider some of the special facets of casework treatment techniques, particularly with the young child. One of the outstanding differences between direct casework treatment with the youngster and with the adult or adolescent is the continuous dependence of the caseworker on information from the family about the daily occurrences in the child's life, his responses, and his parents' responses to them. If two workers are handling the case this demands the closest co-operation and the greatest skill in making correct deductions, because of the possible inaccuracies and distortions based on personal bias of the informants. A second point of difference is one already mentioned—that the prelatency child rarely verbalizes his need for help or talks about occurrences in his daily life, especially painful ones. He shows his discomfort only through his behavior, whether in the outside world or in his relation to the caseworker. This means that the caseworker must recognize the defense mechanisms and resistances as shown in the child's behavior and must constantly weigh their quantitative and qualitative relationship to the norm, as well as to the family situation.

Of course there are many advantages in casework with children which we do not have with adults. Their daydreams or stories, their drawings, their play, tell us a great deal, but without a clear knowledge of the actual life situations these depict, such material has even less meaning for the caseworker than for the analyst. Even the child analyst is much more dependent on knowledge of the everyday occurrences than is the analyst practicing with adults.

Since play is the medium through which treatment of the young child takes place, it is appropriate to discuss briefly some of its principal characteristics. Play in treatment of children has had

various meanings and implications in the history of social casework. The earlier form of play technique, used especially in child guidance clinics and called "play therapy," was based on Melanie Klein's theory of psychoanalysis with its main technique continuous interpretation of the child's play actions with emphasis on their symbolic content. In this paper we do not refer to this type of therapy or technique; here we conceive of play *in itself* as one good means of establishing a relationship with a child. The concept is that the child's problems or conflicts may find expression in the child's play, just as in any other behavior. The behavior—talk and play—must be observed over a prolonged period before the caseworker can evaluate these expressions in their specific meaning in the child's daily life, as opposed to generic symbolic meaning. These must then be weighed against the child's present and past life situation. The caseworker must understand the symbolic meaning in order to treat soundly, but does not interpret symbolic content.

Play is important first as a means of observing and understanding a child. Both directly and indirectly a child will live out his experiences, thoughts, and feelings through the medium of play. This means of communication serves for the child the same purpose as verbalization for the adult. Sometimes the child in play speaks more clearly than the adult in words. At other times his meaning is hidden in symbolic actions that call for thorough understanding of the "play language" of the unconscious.

Play may also help to reduce the severity of traumatic experiences in the child's life. The child often relives these experiences, sometimes symbolically and sometimes quite directly, assimilating them in this repetition and often modifying the experience in play so that the child becomes the master rather than the victim. The caseworker in participating in such play can help the child to relive the events with healthier responses than he made in the original life version. The child's understanding may be increased, false deductions corrected, and constructive defenses substituted for destructive ones.

Play, of course, is also the medium through which a relationship is established between child and therapist. This relationship then becomes the means by which modification of neurotic mechanisms or of unhealthy attitudes is achieved. With all the important, essential uses of play, we have to admit that play in itself cannot cure a

neurotic interference with normal development or insure the maturation of the ego that is threatened by neurotic interference. Play *per se* is not therapy, any more than mere talking is therapy in the case of an adult.

What is it then that happens when a child in treatment plays in the presence of the therapist? What is there that is different from the child's unsupervised play, or play in kindergarten, or in the home? The caseworker may participate in the play but he does it differently than does a little playmate, a kindergarten teacher, or the mother. He does not participate in terms of fully sharing the play *per se* or of helping the child to master the play or game, but rather he uses the play to help the child master the conflict. He lends himself to acting out the roles the child gives him—he becomes an instrument, if you will. Over and above that, the caseworker, after having a clear diagnostic picture, may underline certain trends shown by the child's play or stories, or act out or say what the child is trying to say through play, but only when there is a minimum distance between the expression and what is referred to in reality. To this extent the caseworker gives an interpretation.

It is fundamentally in the relationship between the caseworker and the child that modification takes place. In an adult situation we would call this transference. As is well known, the handling of transference is one of the most difficult parts of the analytic technique. So is the handling of the relationship between therapist and child. I have already pointed out that "transference" as understood in adult psychotherapy is not applicable to children. This is true if we use the word in the strictly technical sense or as used in the case of adults, that is, irrational attitudes derived from early significant figures now displaced on the therapist. The relationship between child client and therapist is not governed to nearly so great an extent by the transference situation because the child's behavior and feelings are still so closely bound up with the parents.

This difference, however, in no way decreases the importance of the relationship in treatment. The child merely lives out his feelings more directly than the adult. He thus has an even greater opportunity to experience in this relationship correctives for faulty attitudes actually still in the making in the parent-child relationships existing concurrently with therapy.

We are all familiar with the necessity of working over and over the same material if we hope to alter attitudes or responses of an adult client, but we may not sufficiently realize the much greater repetitiveness of children. To gauge the amount of repetition that is normal for a particular child, the caseworker with children must not only be pretty clear as to the nature of the problem of his individual client but must also have a good grasp of a genetic theory of the normal learning process of a child of a given age. All young children have to assimilate the world around them by repetitive attempts. Through repetition they master the many new situations that appear in daily life. The number of attempts necessary varies with the age, intelligence, and social opportunities of the child. We are, however, safe in saying that the repetitive use of imagination and manipulative play as a starting point that leads to the child's discovery of the world, is greater by far than we, from our adult point of view, realize unless we are consciously aware of this normal principle of learning. This normal kind of repetition should, however, not be confused with the stereotyped play that is a defense against anxiety.

Interest in play, imaginative and manipulative, like all early interests of a child, is derivative and draws its impetus from early infantile wishes and fears in relation to the parents, but it also has learning value. Both the imaginative meaning and the learning value are in every activity of the child, somewhat as any single piece of adult behavior has both its unconscious meaning and its significance in the stream of conscious thought and activity. There is also a differentiation in the relative emphasis on the fantasy value or the learning value of any activity, according to age, the particular circumstances of the moment, and of course in relation to the degree of disturbance of the child. In undertaking treatment we must visualize very clearly which of the two values we need to stress. If the caseworker is not clear in the early stages and overstresses the learning aspect, valuable material may be lost and the child forced to repress important feelings and thoughts. If the diagnosis indicates the need for therapy, the caseworker, while he does not lose sight of the learning value of play in a real world, must understand the symbolic value it has for the child. Even when he does not use it for treatment interpretation, he must not block it by stress on the learning aspect. In child analysis it is recognized that the analyst

must exercise deliberate restraint from using active educational methods, since by injudicious use he would, to quote Dr. Mahler, "not only counteract the forces that the child's ego should be gradually enabled to muster against his defenses, but instead . . . would strengthen his superego, or else facilitate the premature internalization of the conflict. The exploration of the specific elements of the individual child's instinctual conflicts studied through the actual conflicts in his daily life, and his specific defensive attitudes would become blurred and contaminated with extrinsic elements if we applied suggestion, irrational reassurance, or other educational measures."⁶

In casework even more than in analysis, the worker must help the child understand that in the treatment situation he can do certain things and why he can do these things that he cannot do at home, in the nursery school, or in the street.

The length of interviews is also important in treatment. The attention span of the child depends on age and intelligence and degree of disturbance. Forty minutes is probably the longest a child up to 5 years of age can stay in a "workroom" or "trouble-fixing room," and probably only ten or fifteen minutes of this time will be productive of "dynamic material."

A word about the type of play material which has been found helpful by us. Delicate, complicated toys that must be protected are apt to arouse the educator in the caseworker. On the other hand, if the child is allowed to break them, he is apt to become confused, since he will not be allowed to do so in the outside world. Toys that are not too definitely identified seem to be most conducive to allowing latitude for release of feeling and fantasy. Big wooden blocks, Boccassine dolls (amputation dolls are almost unobtainable but one can get some rubber dolls), are probably sufficient, in addition to finger paints and big drawing paper.

By way of recapitulation, we should like to stress the importance, before planning treatment of the child, of assaying the parents' ability to undertake, participate in, tolerate, and support casework treatment for the child, as well as their willingness and ability to work with the caseworker to modify their own educational methods

⁶ Margaret S. Mahler, "Child-Analysis," *Modern Trends in Child Psychiatry*, International Universities Press, New York, 1945, p. 279.

with the child and their own problems. There is real danger that unless casework treatment can be at least congenial to home training, we may create more conflicts for the child than treatment is worth.⁷ The child's real, natural dependence, however, is not entirely on the debit side of the ledger. Not only is the child's superego more open to modification because the introjected love objects are still in existence in the external world in their first edition, but also, if the above favorable circumstances are present, they are open to external influence for change. Even where modification of the adults is slow or slight, there is still a real possibility of effecting changes in, or enriching, the environment of the child. Therefore, the closer interdependence of the child and the culture has genuine positives as well as negatives for casework.

⁷ Anna Freud, *Introduction to the Technic of Child Analysis*, Nervous and Mental Diseases Publishing Company, New York and Washington, 1928, p. 56.

VII. TREATMENT OF A SERIOUSLY DISTURBED YOUNG CHILD

Elise de la Fontaine

THE PRATT FAMILY CAME TO OUR AGENCY when the father, a man of 29, had to be hospitalized for tuberculosis. This was the first time that this hitherto well-adjusted, middle-class family needed the help of a social agency. There were two children, Marcia, 4½ years, and Gertrude, 1 year. Only those focal treatment strands that were consciously directed toward strengthening the young child's capacity to integrate this experience and the mother's capacity to grow into an understanding parent, are being presented in this discussion. Treatment in other areas was carried on as needed. When maintenance assistance became necessary because of the illness of the wage earner, the case was carried in close co-operation with the public welfare agency, the private agency giving supplementary financial assistance incident to its treatment. There was also close co-operation with the hospitals, kindergarten, and later with the grade school. A tuberculosis consultant on the staff of our agency was used. Bi-weekly consultations were held with a child analyst, to review diagnosis and to advise on treatment.¹

During the first two months of contact Mrs. P complained of Marcia's behavior and showed increasing concern about her. Marcia was critical of her mother, jealous of her younger sister, and seemed to be totally lacking in sadness about her father's illness though curious about his absence. She was also showing great curiosity

¹ The writer wishes to express her appreciation to Mrs. Berta Bornstein, the psychoanalytic consultant who inspired her interest in working with the young child and whose teaching was invaluable. On the other hand, the writer has drawn freely on her own experience as a therapist. While the thinking of colleagues has been incorporated, the responsibility for any possible misinterpretation rests with the writer.

about pregnant women. Mrs. P was finding herself cross and irritable and unable to deal with Marcia's incessant questioning.

The problem precipitated by the father's illness and brought by the mother raised two questions for the caseworker: (1) What relief could be given to this mother suddenly left with two children, marginal income, concern about her sick husband, and the added responsibility of visiting him frequently in the hospital? (2) What was happening to Marcia? At the height of the oedipal situation, a period of anxiety for the normal youngster, Marcia was deprived of the normal way of resolving oedipal conflict by her father's absence from the home. Mrs. P's necessary involvement with Gertrude and Mr. P withdrew the mother's love and understanding just when Marcia most needed it. Were Marcia's symptoms as described by Mrs. P overstated because of the mother's own harassment? Or were they quantitatively greater than normal, although characteristic of the behavior of a 4½-year-old child?

These were the first questions posed for the caseworker when she considered whether a direct handling of this particular problem of the threatened mother-child relationship was specifically indicated. Casual observations by the caseworker, when Marcia accompanied her mother, made her feel that Mrs. P's complaints and concern were real. The caseworker appreciated that some of the questioning and curiosity was normally and healthily characteristic of an intellectually precocious youngster, but there was an "over and above" quality which might be a defense against inner pressures. Also the caseworker as well as the mother noted that the precocity and excitability were increasing rather than subsiding, even when the family situation was regaining a temporary equilibrium. If the caseworker's observation was right, this would spell a developmental disturbance expressed through behavior with which Marcia needed help through treatment.

It seemed wise at least to initiate observational contacts with Marcia as preparation for treatment if, as seemed likely, this was indicated. Separate workers were decided upon, partly because this would enable mother and child to be seen simultaneously, a practical matter of importance for this time-pressed mother, and partly because of the stage of the child's own development. Marcia was nearing the latency period and both because of her brightness and her de-

fensive independence seemed ready for a separate worker. It was planned that she would be seen weekly.

Excerpts show the preparation of Mrs. P for the child's treatment.

2-14-44: I introduced the discussion of Marcia, saying I had realized that with Mrs. P's increasing responsibilities it was becoming a little more difficult for her to cope with Marcia. She was such a bright, observant child and had so much curiosity about things that I could see she would be a handful to manage. Mrs. P agreed and cited examples to show how Marcia had been getting on her nerves by her incessant questioning, her naughtiness, use of bad language, and boldness. I thought several things had been happening. Mrs. P had had to assume more responsibility, had been feeling tired and pressed, whereas when Mr. P was home he was able to assist her in many ways with the children. I said that Marcia was perhaps reacting to her father's going away by wanting more attention from Mrs. P and resenting more keenly the care Mrs. P had to give Gertrude. Also, Marcia was such a bright child that she had now reached the point of needing more and more outlets for her interests and her energy. I recognized that Mrs. P had done an awfully good job with Marcia in letting her be as free as she was, in giving as much attention as she had to her questions, really trying to answer them, and not being too upset by her "bad behavior," but suggested that perhaps Marcia was now reaching a point where she needed even more ways of channeling her interests and energy.

I told Mrs. P about a caseworker in the office who had had a good deal of experience with bright children such as Marcia. I wondered what Mrs. P would think about this caseworker's getting to know Marcia. She might be able to suggest some areas of interest for her which would not only afford a kind of preparation for school but would also perhaps take care of some of her energy which was so difficult for Mrs. P to handle with all her other responsibilities. Mrs. P said that she would like this. She immediately expressed hope that Marcia would be good when she came in to see the caseworker, that she wouldn't say anything fresh. I thought Mrs. P had been feeling pretty concerned about Marcia, not only because of some of the things the child had said to her, but also things that she had said to neighbors which had resulted in criticism of Mrs. P. She picked this up immediately and elaborated on it in some detail, indicating how upset she had been when neighbors had commented about Marcia's freshness. When she took her to the store, for example, and Marcia started to do something she shouldn't, Mrs. P tried to correct her by taking hold of her hand.

Marcia would say in a loud voice, "Must you break my knuckles?" or "Do you have to put your fingers right through my bones?" People had said to her directly that such a child was going to be a problem when she grew up. Mrs. P thought Marcia was really a good child but would have to be "sat on." Mrs. P's mother and sister were both very fond of Marcia but they felt that she had to be toned down. I thought this did present some definite problems. While one wouldn't want to discourage Marcia's alertness, at the same time it was something that might make people critical of her if they did not understand her precocity. Mrs. P felt that for Marcia's own good she should be toned down, recalled how unpopular the bright, smart ones were in her class in school, how eventually even the teachers got to dislike them. She wouldn't want that to happen to Marcia.

I said that after Mrs. G, the caseworker who could see Marcia, got to know her we might be able to talk it over together and arrive at some suggestions for Mrs. P. Possibly some kind of school placement might give Marcia some new interests and new outlets for her energy. Mrs. P had considered sending her to kindergarten but had decided she was too young.

Before Mrs. G began her work with Marcia, Mrs. P, Mrs. G, and Mrs. P's worker discussed what would be involved. One matter that was cleared was that of dealing with sex questions that Marcia might ask. Mrs. G wondered how Mrs. P would feel about her answering such questions as simply and directly as possible. Mrs. P agreed to this, expressing relief at having the worker take this responsibility. Plans were made for Mrs. P's worker to keep in touch with Marcia's worker so that things could be talked over with Mrs. P from time to time.

It is extremely important that treatment plans be discussed carefully with parents when contact with a child is contemplated. This inevitably carries a potential threat to the parent who finds it hard to have someone else succeed where she has failed. The permissiveness that sometimes needs to be present in the worker's attitude toward the child is particularly hard for the parent to understand and must be explained as a therapeutic measure. The parent's caseworker must take responsibility for helping the parent to understand and accept the child's treatment at the same time that he is helping to relieve the parent's own burden. The parent must be encouraged

to express her irritation at the child and must know that the caseworker realizes how difficult the child can be and appreciates the parent's efforts to meet the child's needs. Only in such an atmosphere can we expect the parent to permit treatment of the child to continue and simultaneously develop greater understanding of the child's behavior.

The worker's observation of Marcia confirmed the preliminary thinking that the child was not able to cope with the unusual pressures she was experiencing and was in need of casework treatment. Interviews revealed an unusual degree of boisterousness, destructiveness, "bathroom language," the need to touch everything, rebelliousness against restrictions, concern about what is allowed and what is forbidden, and great sexual curiosity. Two defense mechanisms were being used to an excessive degree—denial and identification with the aggressor.

Further history given by Mrs. P made it clear that Marcia was deep in oedipal feeling. A very warm relationship had previously existed between Marcia and her father, a loving, protective person. When Mr. P came home for a visit and was well enough to give Marcia considerable attention, she was excited and overjoyed. When he had to return to the sanatorium she was so angry that she refused to say good-bye to him, explaining that he ought not to go away. Her anxiety about this also showed in her great concern over the welfare of a 10-year-old cousin whose mother died during this period.

Putting all our knowledge of Marcia and her parents against a background of normal child development and of symptom formation, we can gain perspective and understanding of the problem the child faces. In Marcia we have a child confronted by the temporary loss of her father through hospitalization for tuberculosis. The father is away, yet not away. Everything must be kept alive, yet he is not there. The loss of the father at this age is greater for a girl than for a boy. Every kind of evidence of the oedipal problem can be seen in Marcia's behavior. This is a normal reaction for a 4½-year-old; the danger comes because of the absence of the father. This normal behavior can become abnormal because she is deprived of the usual way of resolving it. If the father is not present, not only to give satisfaction but to offer frustration, a child is tempted to continue to hold the father as the object of her sexual aims. Marcia

reveals her unconscious recognition of this danger by her behavior and by her search for a father substitute even while her father is alive. (At one point Marcia said, "My father had better come home. She [mother] needs a husband and I need a father"; and again, "He had better not be away too long or I am going to live with my uncle.") Furthermore, Marcia's shrieking, kicking, excessively repetitious bathroom language, frequent attempts to peep under worker's skirt, attempts at tearing off her blouse, and so on, evidence a pattern of acting out which, combined with the prospective lack of opportunity to work through her oedipal involvement in her home setting, may well presage in her adolescence a premature search for a lover and even lead to sexual delinquency. The original complaint also included Marcia's approaching adults—men in a coquettish way, women in a defiant manner. The prognosis of possible sexual delinquency is reinforced in the case of Marcia because the relationship with her mother is simultaneously impaired. Mrs. P's own needs, reactivated by her husband's hospitalization, make her react with hostility to Marcia and thus Marcia is unable to bind her aggressive impulses through identification with her mother. While this prognosis of possible sexual delinquency cannot be made with finality, it does indicate the type of resolution Marcia may seek if preventive help is not given.

Additional problems face Marcia because of her mother's own unresolved needs, which result in exploitation of the child's precocity by treating her too much as an adult, and the mother's inconsistency toward Marcia. Casework with Mrs. P must be directed toward helping her gain more awareness and sensitivity in her relationship with Marcia.

Marcia's constant questioning, though normal and constructive, also has an "over and above" quality in that she uses her good intellect not only as a means of exploring the universe but also to ward off anxiety. She uses questions as a defense against sexual anxiety. Another defense that bears watching in this case is that of denial—again a normal mechanism used to excess. Marcia never spoke of her father to the caseworker, not even mentioning his being home on a 48-hour pass, although, as we have noted, Mrs. P described the child's unbounded joy and total rejection of her mother during his visit, followed by a great many questions about death.

Marcia not only has the realistic fear that her father may die but also the unconscious fear generated by guilt over her hostile feelings toward him. During the period when the father is psychologically taboo, his active tuberculosis makes him in reality dangerous and taboo, and thus heightens the psychic strain.² Her father's being moved from her mother's bed to a bed in the living room confirms her conviction of his dangerousness. Thus her fears in regard to masturbation are increased. We see this in her need to touch everything, to ask if it is all right to touch. The caseworker understands this as probably related to her anxiety about her father. We know also that the need to masturbate is great at the height of the oedipal situation, with resultant guilt. This again is heightened for Marcia by her father's going away.

Marcia's growing up is complicated by her mother's needs. Mrs. P has been very attached to her father and has equated husband and father. (Both let her down through their respective long illnesses.) The mother's oedipal situation is reactivated by the loss of her husband (father substitute). For Marcia this means that not only does *she* rival her mother, which is normal, but also that her mother rivals *her* (for Mr. P), which is not normal although frequently seen as part of family dynamics. This makes Marcia respond to her mother with more hostility at the very time when she needs her mother because of the loss of her father. Thus Marcia's reaction is an individual one; that is a double-edged response to her mother and the loss of her father.

We know that even the normal child, within a normal environment, will show mild reactions of anxiety during the growing-up process; so we are not too surprised that Marcia has quantitatively heightened symptoms and that in order to prevent a psychic scar she needs help. Thus (in miniature to be sure), Marcia is a problem in her own right, or—looking at it in another way—Marcia's ego will have a much more difficult task to mediate between her instinctual drives and the demands of society; and later on, between her impulses, superego, and reality. As yet there seems to be no structural psychopathology that would warrant analytic treatment,

² For theory underlying the fantasy of infantile sexuality, see Chapter I; also English and Pearson, *Common Neuroses of Children and Adults*, W. W. Norton & Co., New York, 1937, Chapter II.

but there seem to be signs that the forward movement of the libido and ego development may be threatened, and help in strengthening the personality integrating forces is indicated.³

After preparing this diagnostic picture, the caseworkers are ready to outline the therapeutic plan. With the child, the caseworker will continue the play sessions, watching for movement, mainly in the use of defense mechanisms (qualitative and quantitative), helping Marcia use her defense mechanisms more successfully by reducing some and strengthening others, watching for any danger signs that might make re-evaluation necessary, with referral for psychoanalytic treatment still a possibility. The play sessions also can offer Marcia the opportunity to act out a good deal of anxiety which, without treatment, she would be able to express only indirectly.

With the mother, the caseworker has the difficult task of helping Mrs. P free herself of some of her own needs and thus avoid overstimulating Marcia. Much depends on the stability of the environment. However, Mr. P's illness is becoming more serious, and the grandmother is becoming ill. The mother's only sister, after whom Marcia was named and who has supported and lived with the grandmother, is considering marriage. All these happenings cause reactions in the mother, which in turn affect her handling of Marcia and, to a lesser degree, Gertrude.

Space does not permit our presenting the entire contact with Marcia and Mrs. P. Since our purpose here is to demonstrate a treatment method, we are selecting excerpts that show certain major themes in the work with Marcia, using chiefly the contact of the second worker, here called Miss Barnes, with Marcia, and interviews with Mrs. P selected to show interweaving of work with mother and child. The change of workers occurred in January, 1945, after approximately ten months of interviews with Marcia. Marcia's major difficulties had emerged clearly by this time and we can easily follow the pattern of treatment. We begin with the transfer of workers, an event that must always be handled with great care.

Mrs. P's worker first tells Mrs. P about the impending change. (Mrs. G unfortunately had had to be away for several weeks in December.)

³ See Anna Freud, "Indications for Child Analysis," *The Psychoanalytic Study of the Child*, Vol. I, International Universities Press, New York, 1945, p. 131.

12-29-44: I said that there was something I wanted to take up with Mrs. P today; that is, that Marcia's caseworker, Mrs. G, would be leaving the agency some time in January. Mrs. P's immediate reaction to this was that it was too bad. She knew that Marcia was very fond of Mrs. G, related incidents to show how much she looked forward to seeing her. I said I knew Marcia had got to know Mrs. G quite well. Since it was so hard for children to understand the reasons for adults going away, I thought it was something that I should talk over well in advance with Mrs. P. I explained that it was something Mrs. G wanted to tell Marcia herself but also something she wanted Mrs. P to know about in advance. Mrs. P immediately said that she could see why Mrs. G would want to tell Marcia herself, again repeated that she thought Marcia would miss her very much. I said there was another caseworker in the office, Miss Barnes, who was very interested in helping children, who would be glad to continue seeing Marcia just as Mrs. G had been doing. Mrs. P immediately recalled Miss B, said that she was very nice—Marcia knew and liked her. Marcia had commented several times about the fact that Miss Barnes here and Miss Barnes at the nursery school had the same name, wondered if they were related, and so on. Mrs. P thought the arrangement would be fine; she would be glad to have Marcia see Miss B.

I anticipated that Marcia might be upset when Mrs. G told her she was going, that it would increase her feeling that people were leaving her for reasons she could not altogether understand. I referred back to the incident Mrs. P had related earlier, about Marcia's anger when her father went back to the hospital. I emphasized that although, of course, this had a good deal more meaning to her than Mrs. G's leaving would have, the latter event might be interpreted as again having people whom she liked leave her. Mrs. P said that she could see this and again referred to Marcia's great concern about the cousin whose mother died.

Mrs. P wondered how long Mrs. G was going to be here. I said that I thought it would be through the month of January, that I wasn't quite sure when she was planning to tell Marcia, perhaps the next time she saw her, perhaps not until later. She probably would want to wait for an appropriate time.

As Mrs. P was preparing to leave, she commented on how good both children had been over the holidays. As a matter of fact, Marcia had commented about it herself, telling Mrs. P that she had had very good kids. Mrs. P laughed and said that things might be different next week. I said I thought that was true, children do have their ups and downs.

1-8-45: When I met Mrs. P in the reception room Marcia asked immediately for Mrs. G. I said that she was here, would be out to see Marcia in just a minute. Marcia wanted to know if I had seen her. I said I had. She then said that Mrs. G had told her that she was going to be away two Mondays. I said that was right, she was away two Mondays, now this was the third Monday. Marcia smiled, went back to her play.

As soon as she came into the office, Mrs. P immediately referred to Marcia's remembering so distinctly just how long Mrs. G was going to be away. Since she hadn't talked about it too much Mrs. P hadn't realized that it had left so definite an impression on her mind. She had been wondering very much how Marcia would take the news that Mrs. G was going to leave. She could see that being away for two weeks was quite different from going away for good. She commented that Marcia had explained that Mrs. G was going away for a rest, that she wanted to be well and strong for children like Marcia. Marcia said that when she was tired she took a nap but Mrs. G couldn't do that because she was so busy all day; therefore, she had to go away. Mrs. P wondered if Mrs. G was planning to tell Marcia today. I said I wasn't sure. I thought it depended a good deal on whether or not there seemed to be any appropriate opening for telling her.

Mrs. P commented that she thought Marcia would like Miss B, she seemed so nice. Followed this up by saying that Mrs. G and Miss B were quite different types. I wondered what Mrs. P meant. She said that Mrs. G was so sweet and friendly. Mrs. P thought that she had a tendency to let Marcia "get away with too many things," thought it was important for Marcia to know that some of her behavior just wasn't going to get her any place. I agreed that this was so, and that it was one of the things we should try, with Mrs. P's help, to help Marcia see. I said that Mrs. P must be feeling a little confused sometimes by our not taking a stricter attitude with Marcia. Perhaps she felt that by not doing so we were sometimes encouraging Marcia in behavior that Mrs. P found pretty difficult to accept. Her reaction was that we here in the agency had had experience and training, that we knew what we were doing. I said that that was true, we did. It was important for Mrs. P to understand, too, that we could very well appreciate that she might have some questions; we would want her to feel free to bring them up with us at any time.

Mrs. P went on from this point to say that Gertrude was getting to be just as much of a handful as Marcia. She described at length her growing independence, her rapid advance in talking, her ability to learn the words of popular songs, her

not wanting to be helped with anything, preferring to do it herself. Mrs. P said rather pathetically that she felt pretty pushed aside by both the children. They were both so grown up now. They just didn't seem to need her. I said it was hard for any parents to see their children growing up. I thought it had been particularly hard for Mrs. P because her children had developed so rapidly. While I thought it true that they didn't need the same kind of care she formerly gave them, they did need her as much in other ways now. I thought it was something that is a little hard for all parents to adjust to. Mrs. P agreed that she was finding it so.

Marcia was quite variable in her reaction to Gertrude. Sometimes she wanted to include her in her play, to share her toys with her; at other times she was very careful to emphasize that what she had was her own. For example, Marcia received a painting set for Christmas, immediately wanted Gertrude to share it with her, fixing a chair for her so that she could paint right along with Marcia. Mrs. P warned her against this because she felt that the next time Marcia was using her paint book she probably wouldn't want Gertrude there.

She laughingly commented that Marcia loved Gertrude so in one way and yet she got so mad at her. I said that was characteristic of all children—sometimes they were fond of their brothers and sisters, at other times they thought of them as a nuisance. Mrs. P recalled that whenever she was angry at Marcia, Marcia accused her of loving Gertrude more. Mrs. P said that actually she couldn't even be affectionate with Gertrude because Gertrude just wouldn't put up with it. She didn't pay nearly as much attention to Gertrude now as she naturally had when Gertrude was younger. I said that it was hard for children to learn to share the affection of people they were fond of, like their parents—that it was something that bothered many grown-ups too. Mrs. P laughed as she said that they certainly had two handfuls in Marcia and Gertrude. She guessed they both needed psychiatrists as parents. Sometimes Mrs. P wished she had children like a friend of hers whom she had told us about earlier. It seemed to Mrs. P that you could just tell them anything and get away with it but it certainly wasn't that way with her two children. Mrs. P laughed as she said that she felt she was getting a college education in learning how to bring up these two. You had to think of so many things with them, you just couldn't toss them off, the way you could lots of children. I said it would certainly be a challenge to any parents to bring up children like Gertrude and Marcia. I commented that I did think it was remarkable that, even though Mrs. P had had so many worries during this past year, she was so truly interested

and sensitive to the children's reactions and their development.

She said quite seriously that she did so want Marcia to turn out right. She felt that she was the sort of child who might go one way or the other. She thought that Marcia deserved whatever help Mrs. P could get in seeing that she went the right way. While she was bright that wasn't everything. There were lots of bright people who got themselves in trouble. I agreed that this was true.

Mrs. P repeated that she was glad Miss B was going to see Marcia. She would certainly be interested in knowing her reaction to her. I suggested that after Miss B had had a chance to see Marcia, perhaps we all could get together for a talk. Mrs. P seemed quite interested in this.

In addition to showing the preparation for a transfer of workers these interviews reveal Mrs. P's growing ability to feel with Marcia. The casework contacts have enabled Mrs. P to keep well physically and emotionally during the past extremely difficult months. In the beginning of the contact she frequently wondered if it might not be better to "give in," she too "might have to go to the hospital." Also we see the kind of person Mrs. P is, that she is shy and slow in bringing out her own doubts and questions about treatment of Marcia but that she also wants to avail herself of help for Marcia.

To prepare for transfer of caseworkers or to terminate treatment demands high skill and experience in a caseworker for it may involve the caseworker's own emotional reaction or counter-transference. In work with children this is even more difficult, since their interviews can be provisioned or directed even less than adult interviews. In general, it is important to gauge the timing to give the child sufficient time to bring back his reaction, to allow for a beginning of working it through (the new worker has to take up from there), but not to increase anxiety unnecessarily by the prospect of facing the new worker. A child's tolerance for uncertainty is low, time has little meaning. The consulting analyst felt that the best timing might be to tell Marcia in one interview and allow the next interview for any reactions that might come up, with introduction to the new worker at the end of the second. Thus Marcia could at least see the new caseworker in order that reality might counteract any frightening fantasies she might conjure up. In the interview of 1-15-45 we see Marcia's response.

1-15-45: At first Marcia expressed her marked annoyance with my recent two-week vacation by direct questions and by acting out a tender scene of a good parent with a doll, bringing out her unhappiness about Christmas by claiming she had been "bad" to her father. I said I understood Marcia had been very good. Marcia then showed forgiveness toward me through playing house and giving me the role of father. Then, unfortunately, it was necessary for me to introduce the subject of my leaving and Marcia's transfer to a new worker.

I told Marcia that shortly I would be leaving this office and as a result wouldn't be seeing her any more but that Miss B, a lady here whom she knew, would be interested in seeing her. Miss B liked little girls and helped them. For a second Marcia said nothing, looked very serious, got very close, and held both of her hands tightly together just beneath her chin. She said I couldn't do that, that I had to stay here and take care of the children; why was I going to do that? She wanted to know where I was going—I had to stay here—and she ended with, "Tell me before I am going to turn the light out." [Note the reversal of roles. Marcia "deserts"—her usual mechanism, identification with the aggressor. She tries to terminate the interview, her way of saying, "Enough, I can't stand any more."] This was all in a serious and very low voice. I said I wouldn't be at this office any more but that Miss B would still be here and that she would like seeing Marcia and wanted to help her. To this Marcia replied, "She is nicer than you are anyway." She didn't know how she knew but she was sure of this. She wanted to know if Miss B liked boys—boys fight more—the suggestion being that girls were nicer to work with. In the same tone, she announced that we would change the game, she was going to turn out the light. She went over to the corner and picked up a box of paints, said she wanted to paint. I commended her on the snowman she made, said maybe she would like to take it home; her father would be very proud to see that she had made something so nice. I knew he had been so pleased with the Christmas present she had made for him. She said she couldn't do that—he was in the hospital. Maybe her mother could take it today or Sunday. Then she made the snowman Santa Claus and said she was going to make a second picture, it was going to be a beautiful girl. She wanted me to close my eyes and not watch her, hummed to herself and said, "Don't we have fun?" She decided she didn't like her picture, said, "Let's throw it away," folded it up and threw it in the corner. She wanted me to keep my eyes closed because we were playing a game. "The game is called dreaming." She got a

little water on herself and a drop on me, laughed as if pleased with herself, told me that all happened because I didn't put the apron on her today. She wanted to make a little card for her sister, which she did quickly. I explained to Marcia that it was time to go, at which point she wanted to go into my room to see if the apron was there. We did this. She saw my snow boots, asked what they were, and when I told her they were boots, she said, "What dopey boots," stepped into them, grabbed my hat and put it on, singing very softly and coyly, "I am going home," repeating the phrase several times. In the washroom she needed help in getting her arms washed, saying again that, if I hadn't been so dopey, I would have put an apron on her. She then wanted lotion for her arms, commenting that some people think this is poison.

When Marcia says that she will be the one to turn out the lights, she is indicating that she will be the adult, the one who "deserts." This mechanism—identification with the aggressor—bears watching for. She refuses to let the caseworker hurt her, instead she will hurt the caseworker. "Miss B is nicer anyway." This is Marcia's way of protecting herself from pain. We also know that she often tells her mother that Aunt Marcia is nicer, that father is nicer, and that the caseworker is nicer. When in the same interview she suddenly suggests to the caseworker that they play another game, she is really saying she wants to forget the pain, that she cannot stand to talk too long on such a painful subject.

The end of the interviews shows many trends. When Marcia puts on the worker's boots and hat, this is her way of becoming Mrs. G and thus by identification trying to bear the loss. "I am not left alone and unhappy by Mrs. G, I *am* Mrs. G; therefore I do not feel any pain."

1-29-45: When I met Marcia this morning she had a small doll in a wheelbarrow. She wanted to bring it to the playroom with her. On arriving she decided that she didn't really want to stay there but wanted to go into my office. Reaching there, she set the baby up in the wheelbarrow and said the baby would be good and that she would like to work on some books and look at the pictures. She found a book she liked and decided that we could each fill in the pictures with crayon. While doing this she asked me what I was going to do when I left. This was immediately followed by asking me if I was married. As soon as I said yes, she quickly added that I looked so old to her.

To my question as to what she meant by this, she said that all married people look old, but not her mother. [Actually, Marcia considers her mother much older than her Aunt Marcia who in reality is only two years younger.] She then added that I should stay here because I had to take care of the children. [To a large extent, this is telling the caseworker that she is too old to help her. Married people get sick or die or have to take care of "others." We remember the aunt who left a little 10-year-old child through death.] She said she didn't really care whether or not her father did come home. This she interrupted with a question about why I was married and then asked me to help her with some of the filling in of pictures, suggesting that I draw a house on a separate piece of paper, which I did. To my question about how the house should look, she added steps to the front door and to a question about who lives in the house, told me that I lived in the house all alone [projection—if you leave me you are all alone—also I am alone], but would comment no further on this. She wanted to sing some songs. . . .

I suggested we could see Miss B for a few minutes today and that next time Miss B, not I, would be seeing Marcia. She said she didn't want to see Miss B, "Anyhow Miss B is nicer than you"; she would just get her hands washed and we would go to my room. She opened the door to go out of the room, ran around quickly to me and immediately turned back toward the door and ran into it, bumping her head. She put her hand to her head and burst into tears, said it hurt awfully bad and said, "I want my mama." When she had turned around to me after hitting her head, I picked her up and held her on my lap for a few minutes and assured her it was only a little bump. We then went into the washroom and I suggested putting a cold towel on her head. [Caseworker's attempt to say, "Even if you don't want me I still care."] She held this for a few minutes while I washed her hands and then said she didn't need it any more. Going back to see Miss B, she said at first she didn't want to see Miss B at all.

When she met Miss B she wondered whether Miss B had toys in her room or not, brought up the question of the things we did in the workroom and said we did *too many* things there. She reinforced this by saying at least twice that we really did do too many things in that room. [Child's realization that the first caseworker has been too permissive in allowing her to do anxiety-raising things—a warning to the next caseworker.] In the waiting room, when Marcia's mother came out today, I mentioned briefly to her that Marcia had hit her head, then shook hands with Mrs. P and said good-by to her. Marcia watched this procedure and, when I offered to shake hands with her too, she refused. I said good-by to her.

These interviews also bring out other conflicts with which Marcia has been wrestling. For some time Marcia has had difficulty around her identification with the mother or father, being a girl or a boy. Here we again get a few glimpses of this struggle which the new caseworker will have to watch for and handle. Several months ago Marcia wore the caseworker's hat but at that time she wanted to be a grown-up lady, she wanted to have a baby (the mother had the father's love). In this interview the emphasis is, however, slightly different. This is important. Here Marcia *is* the mother and thus is trying to avoid further frustration. In other words, when a child in her oedipal period gets the first frustration or neglect from the mother she may handle it by *becoming* the mother. Thus we see that Marcia's maternal play may have negative as well as positive aspects. In this relation Marcia's remarks that Miss B likes boys needs further understanding. Is she afraid that Miss B will not like her because she is a girl or does she anticipate that with Miss B she can act like a boy?

Her game "dreaming" is also of interest. We can speculate as to its meaning. There are several possibilities. In dreams one can be aggressive for one is not responsible for being bad in dreams. When she sprinkles water over herself and the caseworker this means doing something forbidden. (But Marcia says it is not her fault, it is caseworker's fault for not having the apron.) She also asks the caseworker to close her eyes (she doesn't want caseworker to see her nasty thoughts), goes on to say bad things are not really true, they are just a dream. This shows another attempt on Marcia's part to handle the caseworker's departure, "Let's forget it, let's have fun together, let's wet each other, but it's just a dream."

Her comment (repeated several times), "We do too many things in this room" is an interesting diagnostic hint. The first caseworker tended to be too permissive, allowed Marcia to be too uninhibited and use too much bathroom language, till Marcia reached almost a state of anxiety. Is Marcia warning the new caseworker that she needs more controls, that her ego strivings need more support?

2-5-45: (First interview with new caseworker) When I went into the waiting room with Mrs. P's caseworker to meet Mrs. P and Marcia, Marcia smiled, acknowledged introduction easily, was all ready with doll, basket, and storybook to go to the playroom. She announced as I entered the room that she had

wanted to bring the crib in too but her mother would not permit her to do so. Since I knew that this had previously been permitted, I asked about this but Marcia ignored the question, pointed out to me with a sweep of her arm the finger paints on the wall, announcing that she had done that. I asked why she had painted on the wall, and she replied, "Because there was so much fire everywhere." [Internal conflicts.] To my question where, she simply indicated the wall again, pointing to the colors, blue and red, saying that all those were fires. I asked what was burning and she answered, "All the houses," could not be more specific than this, finally said she had seen lots of fires in her life and now we were going to play house. She turned to the doll's house, remarked that the good stew she had been cooking the previous week was no longer there. She picked up the color book, suggesting that we color some pictures but suddenly said she had forgotten something, asked me to follow her. She led me out of the playroom into Mrs. G's office and started opening all the drawers of the desk. When I asked what she was looking for she only answered, "You'll faint." She could not find it and finally confided in me that she was looking for her apron. I was sorry it was no longer there. I did not know what had happened to it, but thought possibly Mrs. G had taken it with her. Marcia commented that Mrs. G was "fresh" to do this but went back into the playroom. She started again to pick up the color book but dropped this, suggesting instead we play a game of tiddly-winks which Mrs. G had taught her. This was quite hard for Marcia and she did not succeed in getting any of the disks into the bowl. She finally asked me to try and I eventually got one in, whereupon she tried again several times but decided the game was too much for her. While hunting for one of the tiddly-winks that had fallen to the floor, she commented that she had got so many toys for Christmas, she had too many, did not know what to do with them all, so decided to break some of them up. She did not think it was a good idea to have so many toys. [Further request for controls.] I asked what happened when Marcia broke up her toys but she did not answer this, returned to the color book, suggesting I color one side while she colored the other. She did hers quickly, offered to help me with mine, said she would be careful not to scribble on mine as she had done on hers (actually hers had been fairly well done although not too carefully). I asked why Marcia had scribbled on her own, but she ignored this, only repeated she did not want to scribble on mine. She worked carefully and painstakingly, coloring small flowers in one of the pictures.

It was about this time the telephone in my office rang and I had to go to answer it. Marcia eagerly led the way, took

the phone off the receiver, and handed it to me. While I was talking she wandered into Mrs. G's office, which is next to mine, and when Mrs. G's phone started to ring, Marcia raced excitedly into my office, asking me if she should answer it. Since I was in the middle of an important telephone conversation I could only shake my head at Marcia. She kept asking if she should answer it but finally quietly waited in my room. When I had finished, I went into Mrs. G's office and discovered that apparently Marcia had removed the receiver from the hook, which had signaled the operator who then had tried to ring back. As Marcia led me back into the playroom, she asked why Mrs. G wasn't there to answer her phone. I explained that Mrs. G was no longer in this office as she had explained to Marcia. I said that Marcia missed Mrs. G. It was sad not to have her in the office where they used to be together. Marcia then wanted to know why Mrs. G had not taken her telephone with her "so people could call her up." I suggested that while we could not telephone Mrs. G we could write her a letter. Would she like that? Marcia suddenly suggested having a drink. We went to the drinking fountain. She poured a drink for me first, then took one for herself, smiled, and suggested that we could be babies drinking from a bottle. When I asked if Marcia would like that, she only grinned and suddenly warned me to lower my voice, saying, "Mother will kill me." [The mother's caseworker's office is quite near by.] I said that Marcia perhaps wondered what grown-ups were talking about and perhaps felt there were many secrets that children were not allowed to share. So she wanted to have secrets with me too. Marcia continued to warn me to lower my voice, pretending her mother would do something dreadful, explaining this as "beating her over the head." When I asked if this had ever happened, Marcia only giggled, suggested we go into the student room where she commented on a picture, pointing out that the little girl was helping her mother with the washing and that was good. As we went back to the playroom, Marcia suddenly knelt at the door asking me to genuflect also, saying this was church. Marcia giggled, enjoyed this, genuflected several times on the way back to the playroom, finally said we had to go back to work. . . .

2-19-45: We went into my office to get the doll's sun-suit and then Marcia noticed that the door to Mrs. G's office was closed, opened it, saying, "Let's see Mrs. G." She backed out when she saw someone else there. I said I thought Marcia was looking for Mrs. G but that Mrs. G no longer worked in this office. Marcia said she knew that but I said I thought Marcia probably missed Mrs. G a great deal. She denied this and

when I said that most people missed people whom they had known for a long time, Marcia shook her head very decidedly and said, "I don't."

Marcia changed the subject by pointing to the doll, commented on the difficulty she was having getting the pajamas off and the sun-suit on, said this doll was soft, dropped it to show me. She then started banging the doll on the floor really hard several times. I asked if she didn't think that would hurt the doll but she said no, it was made of rubber and she kept banging it. I thought even if it were made of rubber this might hurt it and Marcia suddenly stopped, finished dressing the doll, said it would go to sleep now. She laughed as she called my attention to the fact that the doll was sucking its thumb, said that babies did that, that Gertrude did. She thought she would take the doll for a walk. . . .

Marcia took from under the desk, which she called the garage, a little wooden wheelbarrow she had evidently secreted there. She placed the doll in this to go for a walk, suddenly said that she had to get some red clay to take home. She grabbed a handful of red clay, made four little red clay balls, which she immediately placed outside the playroom door, saying this marked our home. She announced, "You are my child," asked me to follow her while we took a walk. She wheeled the doll in the wheelbarrow and I followed her. As she went around the staff room and up and down the hall, she commented that it was a beautiful day, got quite excited and amused as she pointed to every light saying, "See the sun, see the sun, see the sun." When we came back to the playroom she picked up the red clay balls, put them in the wheelbarrow for a moment, then put them back with the rest of the red clay, making no further comment. . . .

The interview of 2-5-45 shows how much Marcia missed Mrs. G. Here Miss B, the new caseworker, missed a real opportunity to help Marcia express more fully her feeling about losing her former caseworker. We then note Marcia's effort to build a home together, a good home, a good mother and a good working father. She wants the father to be there and she will be the mother. Here we see the normal desire of a 5-year-old for a father. She is still very talkative at home where her curiosities are aroused but it is a good sign that she is no longer talking too much to strangers in the office. At home there is father's illness, the parental relationship, all the secrets that go on at night, and so on. Her fire material is related to this—danger, fire within—and through this she expresses her own excite-

ment. Marcia tells the caseworker, "Let's do all those good things I' did with Mrs. G, even use the apron." It is a good sign that Marcia can carry over the games she played with Mrs. G and can admit that one game is too hard for her.

One might speculate about the whispering episode at the water fountain. Did Mrs. P warn Marcia not to make noise? Or do secrets mean "forbidden things"? Since the caseworker does not know the implications at this time, she cannot participate actively—can only note and store up hints for future diagnostic use. If secrets mean "forbidden things" as well they may, then it would be unwise for the caseworker to encourage secrets.

We also note the absence of the usual washing ritual, but we need to watch for its reappearance. Perhaps when Marcia was bad with Mrs. G she needed a feeling of absolution. (This ritual which persisted throughout the contact with the first caseworker had raised questions earlier—was it merely a pleasurable game of the normal compulsive type like so many games of the latency child, that is, skipping over cracks or follow the leader, or had it more serious implications?)

The interviews quoted do not finish the reverberations from the transfer. Feelings come up from time to time in different guises, such as Marcia's saying she forgets Miss B's name or Mrs. G's name. This is a good sign in this child where at times the caseworker has questioned her capacity to feel deeply. The handling of the change of workers actually strengthened Marcia and a year after the original contact she had a much stronger ego than before, a gain that would stand her in good stead when her great loss came.

Shortly after this change of workers Mr. P's illness took a serious turn for the worse. The doctor told Mrs. P that only prayer would help. Doctors' opinions and orders changed rapidly. Marcia was reported to be good at home. With her caseworker, she was sharing at times more sexually symbolic material with sado-masochistic implications; at other times she was tender, seemed relaxed, and had a "joyous quality." Then there was a very destructive visit by Aunt Millie, which had reverberations in the treatment situation. At home, however, Marcia could handle the difficulties with excellent behavior. Thus we see her use casework treatment more and more appropriately to discharge surplus anxiety, rather than acting out her anxiety in her environment as she did before treatment.

On 3-26-45 Mr. P was due to come home for a week-end visit (approximately three months after his last visit). Mrs. P's case-worker records:

Mrs. P told me that Mr. P would be coming home on Saturday to remain until Monday after dinner. His sputum was negative and for this reason he very much wanted to come home. He wouldn't have come otherwise although he could have got a pass just for the day.⁴ Mrs. P thought it would be terribly upsetting to Marcia to have him there just for the day; she knew too that if he were positive he would be constantly worried about infecting the children and would probably feel that he had to keep them at a distance, which would further increase Marcia's concern about what the matter really was. Mrs. P was so glad he could come home. I said I was glad too, I thought it would mean so much to all of them. I knew that Mr. P hadn't been feeling well and wondered whether this was reflected in his physical appearance. I recalled how upset Marcia had been the time he was looking so bad and said that if this was true again, there might be ways in which Mrs. P could prepare Mr. P for Marcia's being upset and perhaps prepare Marcia a little for the fact that her father didn't look so well. Mrs. P thought there wasn't much noticeable difference, thought he looked pretty much as he did when he was home last time, he hadn't lost any more weight.

During this time Mrs. P's eyes had filled with tears and Gertrude looked at her quite anxiously. I made some comment to the effect that Gertrude is sensitive to the way her mother feels; and I had noticed it last time too. Mrs. P said she was aware of this and knew that Marcia was very sensitive too. She laughed as she said that with two children like hers she couldn't even have a good cry because it seemed to upset them. She hugged Gertrude, laughingly said that Mommie had a right to a good cry every now and then if she wanted one. I recognized it as one of the difficult things Mrs. P had to face, because of course there were times when she felt pretty low, when she would like to discuss the things which she knew she couldn't in front of the children. (After this an arrangement was made for a person to mind Gertrude—not for treatment but to relieve the mother.)

Mrs. P said that was just it; it was hard. More and more she was trying not to discuss anything about Mr. P in the children's presence, particularly Marcia's, because she knew how it upset her. She then talked again with considerable anger

* A practice in this hospital for patients who have been trained in precautions.

of how Aunt Millie had talked of the seriousness of Mr. P's illness in Marcia's presence. I said of course this was terribly unfortunate because I knew how hard Mrs. P was trying to keep unnecessary worries from the children.

Mrs. P had been expecting that Marcia would ask something about whether or not her father was going to die, knew that probably she was brooding over the conversation she overheard. The other day she was looking at a newspaper, happened to see a picture of soldiers being buried, and asked her mother why they weren't in boxes like a dead person Marcia had once seen. Mrs. P at that time thought she would probably go on to some discussion of her father, but she didn't. Mrs. P didn't know whether this was something she should try to prepare Marcia for or not. Should she in any way indicate that perhaps her father wouldn't get well—would that make it less of a shock for Marcia? Did I think she should say anything about the possibility that he might die? I said I didn't think so. Though Mr. P was very ill we really didn't know. Mrs. P said that was it; maybe he would pull out of it. After all he had been awfully sick before and had got better. I said I thought Marcia already had a pretty good idea that her father was very sick and that until we knew more about his condition I didn't think it would be advisable to talk with her about it. Mrs. P wouldn't want to upset her unnecessarily. She recognized that if she did mention the possibility of his dying to Marcia she might remember it for years and later blame her mother for having discussed it. Marcia was so sensitive to things. Mrs. P went on to give examples of this.

Mrs. P then told me about Mr. P's having talked with his doctor, asking if there was anything that could be done for him. The doctor had told him that the only thing that would help him any would be prayer. This had been terribly upsetting to Mr. P. He told Mrs. P if he really felt that his condition was so hopeless he wouldn't bother any more, wouldn't even put up a fight. Mrs. P thought it was terrible for a doctor to say that, even though he might know himself that there was nothing that could be done. She thought that there was nothing to be gained in telling a thing like that to Mr. P. I agreed with her that in any event it seemed like a very inadvisable thing to say to Mr. P, particularly since he was so sensitive and worried so much.

On this same day Marcia in her interview shows her distress over the happenings in the home. Feelings about her father's previous visit come to the fore. This interview also shows rather interestingly how a child indicates resistance and how difficult it often is to

get the full meaning of the content of a given interview. The worker gains her understanding through analyzing both the interview with the mother and with the child.

3-26-45: When I went into the waiting room for Marcia she was there alone, looking at a copy of *Good Housekeeping*. I apologized for her having to wait, but she said that was all right, asked if I wanted to see something funny, started to look through the magazine but had difficulty in finding it. After she had searched for about five minutes I asked if she would like to take the book into the playroom so we might look at it together there. She did not want to do this, kept looking, finally asked me if I would like to look. We eventually discovered the advertisement she thought was funny, a soap ad, showing a gosling peeking in various windows. Marcia seemed not at all eager to go to the playroom and, although I again offered to take the magazine in there she demurred, finally picked up the wheelbarrow and started to wheel it down the hall. In the process a little dog fell out, later her sweater and coat. During the next fifteen minutes Marcia expressed her uneasiness by dropping toys, starting and stopping activity, and bossing me around. She then showed concern about death, expressed through questions about wartime weapons, asking who was getting killed, and so on. Then she brought out her rejection of me by referring to her former caseworker more positively.

Marcia then went over to the telephone, pretended she was telephoning, asked me to answer. She then asked who I was and when I said my name she said she had a message that I should give Mrs. L (the mother's caseworker). . . . At this point she mumbled and the only word I caught was "bitch." I told her I was sorry I had not heard what she said, but she ignored this, said I should just keep saying, "Hello, hello, hello." I said maybe I was not supposed to understand what message Marcia wanted to give to Mrs. L, but she ignored this, put up the telephone, and said she was going to play another game. She ordered me to bring her the wastebasket, into which she started to throw blocks, making a lot of noise. She then picked up some of the pieces of doll furniture, threw them in too. One little block she took in her hands, made it act as if it were walking, called my attention to this, said it was a little boy walking. She made him walk up to the edge of the wastebasket, then had him fall in with a great clatter, said he had fallen into a well and was drinking poison water. I asked what would happen then and she explained that he would die, which was

just what she wanted him to do. I asked what happened after that, and she said that he would be away and I couldn't see him any more. She then tried to pick up the wastebasket, commented that it was heavy, and asked me to help her lift it up to the play table, which I did.

Marcia at this point started to build a house of the blocks, suddenly asked me if I wished I were she. I smiled and said I thought it would be fun to be a little girl and play, and she smiled back and said, "I would love to be you." I asked what she would do if she were I, and she said, "I would mind my own business just as you are doing." I answered that it was part of my business to understand about Marcia's affairs so I could help her better. She continued to build the house, asked me to get her a little doll. I searched among the toys but could find only one figure, that of an old lady, said I thought this must be a grandmother because she had gray hair, asked about Marcia's grandmother. Marcia said her grandmother's hair was turning gray but you couldn't tell whether it was "coming or going." She laughed as she said this and I joined in. She asked for a little girl to go with the grandmother, and after making a prolonged search I said I was sorry but I couldn't find one. [Note the further emphasis on looking, searching, as well as bossing, i.e. aggressiveness.] She ordered me to look in the top box, which I said I had already done. This seemed to make her very angry, for she called me a liar, jumped off the table, ran over to get the box herself. After running through it she discovered there was no other figure there, picked up a little red cylinder which she said was a girl and said that was what she meant. I said I was sorry, I had not understood that she meant the little red cylinder was a girl. She kept putting various articles of doll furniture into a large room she had made, commented on the fact that it had so much for one room, put the grandmother and little girl in there too. With a sudden rather impulsive, angry motion she pushed the wastebasket off the table so that it fell to the floor with a loud clatter and one of the little chairs was broken. Marcia in a loud voice ordered me to pick it up, said it was all my fault. [Notice throughout the projection of looking, and so on onto the caseworker; that is, projection of her own desire on an external object.] I said I would be glad to pick it up even if I hadn't pushed it off, and started to gather the blocks and the furniture. She was watching me very gravely. I picked them up and put the basket of furniture blocks back where she could reach it, but she ignored it, started to play with the grandmother and the little girl. The window of the house (represented by an arched block) fell off, also a little lamp she had lighted to put in the

window. Marcia said the bogey man was down there outside and he didn't like windows and lamps so she picked them up and put them back on the house. She then wished to use one block as a choo-choo train, wanted the grandmother and the "kid" to take a ride. They kept falling off as she moved the blocks and she asked me to hold them on, which I did while she kept making "choo-choo" noises and moved the block around over the top of the table. At one point when she was turning the engine around she knocked it against the blocks which were the wall of the house and they fell over. Marcia said, "Now look what you've done, I'm not going to let you play with me any more." [Note again, projection of her own feeling onto caseworker. She had destroyed, harmed—become afraid.] I wondered, "What makes you so tough today? Has anything sad happened at home?" She smiled but went on to play with the "choo-choo," all the time with my holding the grandmother and the "kid" on top. They finally got home and went into the house. She stood them both on chairs at the table then took the grandmother over to stick her head out the window to talk to the bogey man who threatened to eat her up. The grandmother simply answered, "I know" and came back into the house. Marcia then put the "kid" to bed.

I noted that our time was almost up, said we would have to stop soon. Marcia said that grandmother would have to go to bed too, fixed her in another bed in the same toy room. She led the way to the washroom where she scrubbed her hands and arms and went to the toilet, then down to the drinking fountain. Just as we got to the fountain, her mother and Gertrude came out of their caseworker's office. Marcia asked Gertrude if she wanted a drink, took two paper cups to hold it, and poured it only half full. Gertrude drank the water but, when she took the cup away, one stuck to her teeth. This was very funny and Marcia seemed to enjoy it. Mrs. P then took Gertrude, told Marcia to hurry, said she would wait for her in the waiting room. Marcia took another drink, tried to imitate Gertrude by having one stick to her mouth. When she dropped it, some water was accidentally spilled on the floor. Marcia then took another cup and threw the rest on the floor. She started to go away, but I said I guessed we would have to do something about this since the water fountain was where other people would be walking. Marcia ordered me to clean it up. I said I had nothing at hand and would have to think what to get. We started down the hall and I said it was a good idea to get paper towels. She then dashed into the washroom, took two or three, rushed back and did a very thorough job of cleaning up the water, then asked my permission for another drink. Back in my office

she did not want me to take off her apron, said she could do this. She worked at it for some time, finally said it was hard, asked me to do it. She wanted to put it in a drawer, opened several drawers but could not find any room. I explained it had to go in the top drawer of my file since there was room there. At her request I lifted her up so she could see and put the apron in.

With some reluctance Marcia took her sweater, started to button it with extreme slowness, commented that she was "very slow today." I said I noticed that, wondered why it was. She did not answer this, started playing with my telephone, picked up a little toy stuffed rabbit which she thought was very cute, asked if she could take it home. I explained that, as Marcia knew, these toys in the office were for her and other children to play with and that they could not be taken home as could some of the things that she made if she wanted to draw or paint. Marcia eventually got her sweater buttoned, started looking around the room, noticed a picture she wanted me to show to her. I said I would be glad to do this but that my time with Marcia was more than up and I was afraid we would have to hurry. I suggested Marcia put on her coat and I would show her the picture. Although she started to put on her coat, she was obviously annoyed, said she wasn't going to come back here any more. I showed her the picture, said I realized she was mad because I was having to hurry when she felt like being slow, but I liked to have her come. I asked where she wore her scarf. She grabbed it, saying, "You know, you dopey bum." She suddenly got very serious, begged me to excuse her, said that she didn't mean it and I should not tell her mother. I said, "You have to say a lot of bad words today and now you are afraid I will tell your mother. However, all I will tell her is that you will soon be better." She seemed to accept this but said she had forgotten something in the workroom, went back in there, looked over some of the doll furniture and picked up a lamp (the object she uses for a hypodermic needle). She started to put this in her pocket, told me she had brought that from school and from home, therefore she had to take it back. [This has many possible interpretations: many sadistic thoughts have been connected with this object; it also is a lamp, symbolizing the wish "to see," so much a part of this whole session. But caseworker handles only the act rather than attempting an interpretation]. I said Marcia must be kidding because that belonged to the furniture in the house, but she insisted it did not, said she had brought it from school, had sneaked it into the roomful of furniture when I was not looking. I suggested that if Marcia liked that little lamp she might take

it home for a week providing she brought it back the following week. [Caseworker, by letting her have this, says to the child, "It is all right to want to see."] Her face lit up and she accepted this immediately, put it in her pocket. As she went back into my room to get the wheelbarrow, the doll, and blanket, I knelt down beside her, put my arm around her and said I thought Marcia was worried that I might tell her mother about some of the things she played today, but I did want her to know that I did not do this. Marcia asked if I didn't tell her mother anything we said or did and I assured her that I did not, that those were things just between the two of us. Marcia and I both knew we had these play sessions together so that Marcia wouldn't feel like saying and doing those things, but I did want to assure her that I did not tell her mother. Marcia said OK, wheeled the wheelbarrow down the hall. [Actually in overt behavior Marcia had been much worse in other sessions and had not feared caseworker's talking to the mother. The fear was much more related to the unconscious material she had acted out in play.]

The caseworker's interpretation of this interview in relation to her total understanding of Marcia and the family dynamics at this time was somewhat as follows: Marcia refuses to enter the playroom. She wants to remain in the waiting room to "read a magazine" even though eventually she shares this reading with her caseworker. The caseworker rightly considers this attitude as resistance. The resistance, however, takes a revealing form. Marcia, with an intense sexual curiosity, is sharing in the anticipated return of her father. On his visit home three months ago she had left her own bed to visit her parents' bedroom. Here she found her father crying. She was deeply upset by the observation. Her father's crying meant to her loss of the strong paternal protection. The normally expected reaction would have been the expression of sadness in one form or another. Marcia, however, called her father a sissy (mother's report) and after this experience showed particular toughness, aggressiveness in the home and with the caseworker. (These are her usual defense mechanisms—denial and identification with the aggressor).

Marcia's resistance, as we see, is expressed in looking at pictures. In particular she is searching for an advertisement. She finally finds it. It is a gosling peeping into windows. Thereafter she willingly enters the playroom. Her play there reveals in symbolic forms her

observations or fantasies about sexual intercourse. (It is this she fears caseworker will tell her mother). She displays a great deal of violence which leads to continuous accidents—trains, destroyed houses, the lamp—the article that permits one to see what is going on at night—are tossed out of the windows, windows through which one peeps are smashed. Marcia's resistance against what she has actually seen and her desire to free herself from this insatiable curiosity are warded off by the mechanism of projection. (A very normal expression of a child of this age). She consistently accuses the caseworker of having brought about all these accidents.

In this "peeping" interview the caseworker patiently observed the play, although not understanding it completely. However, the caseworker's knowledge of this child's behavior made her recognize the importance of the interview. Her training made it possible to observe and record and then she was able in retrospect to understand more fully what Marcia's resistance meant, and thus reconstruct the content of the material the child tried to ward off. Even in the interview the caseworker sensed that Marcia had renewed reason to defend herself against the affect of sadness. The caseworker gave an interpretation of the *tone* of the interview, of the defense Marcia used by saying, "What makes you so tough today? Has anything sad happened at home?" Later, although understanding the unconscious material relating to the child's desire to look, the caseworker rightfully did not interpret the unconscious content which would be inappropriate to casework at any time.⁵

Now if we look into some of the details of the rest of the interview we get further understanding. For Marcia, looking is a sign of resistance, at least in this context. It may indicate her own desire to look, to observe, to find out about adult life. In her further play the element of showing and looking is repeated. She makes the worker watch her in a kind of performance. The performance follows and tells a story. A block becomes a little boy walking on the edge of a wastebasket. Eventually he falls into a "poisoned well." The material suggests that the child is occupied with observations that she either actually had made or would like to make.

⁵ For a child's toleration of interpretation, see Margaret S. Mahler, "Child-Analysis," *Modern Trends in Child Psychiatry*, International Universities Press, New York, 1945, pp. 277-279; also Berta Bornstein, "Clinical Notes," *The Psychoanalytic Study of the Child*, Vol. I, International Universities Press, New York, 1945, pp. 155-157.

The first part of this session does not permit an exact conclusion as to what the child actually saw or wanted to see. We note two basic threads of a conflicting nature running through this interview: (1) that of people getting hurt and dying, (2) that of Marcia's wishing to protect them. There seems to be a definite time relationship between Marcia's bringing out this material on this date and the general atmosphere of anticipation in the home that the father would be returning and what this might involve. Marcia's bossing of the caseworker may have been in direct relation to her anxiety on talking of the war, killing, and death. Marcia insists even more that the caseworker obey her orders as Marcia's bad moods increase. She begins to call someone not present a "bitch." It seems that she is definitely ambivalent in her desire to know about death, to know, for instance, what her mother's caseworker and mother are discussing, and at the same time she is ambivalent also in her anxiety or fear related to learning about these things. The interview can be read backwards. "If I talk about death I get excited. Mother and her caseworker talk about death; this is a bitchy thing to do and I don't want to hear about it." Marcia seems to need a great deal of reassurance that the caseworker wants her to come back. In retrospect the caseworker felt that it might have been wiser had she attempted to break through Marcia's anxiety about her father by asking Marcia whether she was upset about the father's return home. In this instance the caseworker was definitely handicapped by not knowing ahead of time that Mr. P was expected home. After this the caseworkers agreed to phone each other at the beginning of the interview when such important material came up. (Further indication of the close interdependence of the reality of the social situation and the reactions of client.)

By 4-3-45 there was talk of Mr. P's possible discharge from the hospital.⁶ (See effect of this in interview of 4-23-45, page 184.)

⁶ In spite of constant interchange among family caseworker, medical social worker and doctor, as well as close contact with the tuberculosis consultant and the hospital, no consistent treatment plan for Mr. P could be effected. This made for a most difficult reality situation for the family which the caseworker could not alleviate too much because it changed with such rapidity and without appropriate sharing with family or medical caseworkers. This occurs frequently in the overcrowded city hospitals.

This was very hard on the family for they feared it was because the doctors had given up hope. Because of the uncertainty of the doctors' plans it was difficult to prepare Marcia. On April 4 Mr. P suddenly came home. Marcia had two "resistance interviews" during which the caseworker had to read to her constantly. Marcia permitted no opportunity for talk about painful things. Everything at home was painful. The 4-16 interview gives us a glimpse of Marcia during this period.

4-16-45: Marcia upon greeting me handed me triumphantly the little lamp I had lent her, said she told me she would bring it back and she did. She ran down to the playroom, immediately announced we were going to read about "Super-Rabbit" again, but we had barely begun when she noticed a new doll, immediately decided to play with it. She commented on its lovely dress, slip, and panties, but thought she needed something to put her in, went out to the waiting room, brought in a wheelbarrow, commenting that someone had broken it. She tried the new doll in the high chair, noticed that it was just the right size, decided she would put her to bed. As she took off the doll's clothing she accidentally bumped into me, said "Sorry." There were no pajamas so she decided we should pretend there were some and she took a paper envelope which was filled with broken sticks, emptied these on the floor but spontaneously picked them up and put them in another box, for which I thanked her. She pretended the envelope was pajamas, humming a song as she was working which she told me was "I'm Beginning to See the Light." She thought it would be better to have two dolls than just one, took a rag doll, undressed her, but thought she could go to sleep without pajamas, decided to put her hair up in curlers, used a small roll of clay to stick the yarn hair together. I commented I had noticed Marcia herself had curly hair the last two or three times and she told me her mother put it up in rags for her every night. I asked if Daddy liked it this way and she nodded that he did. She put the doll to sleep on top of the "garbage can" which she had inverted, then said we both had to wash the clothes, ordered me to wash those of the rag doll while she washed those of the other doll. She ordered me then to close my eyes while she took out the two small lamps, put a little paint on each one, decided these should be our irons, instructed me how to go through the motions of scrubbing, ironing, and so on. Then we tiptoed with the clothes to the "closet" which turned out to be my office. On our return to the playroom she noticed loud voices in the student interviewing room next door, was quite annoyed with this, started

to bang on the wall. I explained that those people were talking about something very important just like Mrs. L and her mother talked together. Marcia ignored this, asked to pretend to shut off the light, tiptoed around from one doll to the other, said they were sound asleep. She would herself make little noises, acting as if it were the dolls, but assured me each time the dolls were still asleep. Finally she let out a terrific shriek, went in and scolded the baby for pretending to be asleep when she was really awake. [Acting out the secrets between adults.] Now it was time to feed the dolls, so she took the baby, asked me to feed the rag doll, named Jean.

This play had taken considerable time and I commented that our hour was almost at an end but Marcia hadn't mentioned anything to me about her father and I thought lots of things at home must be going on now. I asked how he was. She said he was all right, but said we had to dress the dolls, led the way into my office, asking me to take hold of her belt in the back as if she were a horse. In my office while she was dressing one doll and asked me to do the other, I returned to the subject of her father, said I had never met Mr. P and thought it would be very nice if I could meet her daddy. She immediately said "Oh, please don't." [Note fear aroused by unconscious play.] I was surprised, wondered why Marcia didn't want me to meet him, said he sounded like such a nice daddy. She shook her head, asked me again not to have him come, said he was not nice. I again expressed surprise, said he had always sounded so nice when Marcia had talked of him but maybe Marcia was afraid that if I talked to him I might tell him that sometimes she wasn't so good. Marcia still shook her head, saying that she did not want him to come in, finally said he was too nice to come in, he was nicer than I was. I wondered if Marcia was still afraid of what we would talk about. I said to her in a whisper I would tell her a secret. I would not tell her daddy about the times she was bad in the office, I would tell him how glad I was that his little girl could come in to see me. Marcia again asked me please not to see him, but then suddenly entered the spirit of the whispering game and confided in me that she was bad at home. She thought he would tell me about that. I said I imagined there were times when she was good at home too, that most little girls I knew were good sometimes and bad sometimes just as Marcia was here. I didn't think any little girl could be good all the time and I would still think Marcia was nice in spite of anything that I might hear about how she was at home. I pointed out that in spite of there being times when Marcia was not good here I still thought she was a nice girl. Marcia answered very seriously, "I know you do." She

then whispered to me eagerly, asking me to promise to forget what her daddy would tell me, not to tell anybody, not to tell her mother. I wondered if maybe I could talk with Marcia about it a little bit some time and she said that would be all right but it should be our secret. She then confided in me that at home she sometimes called her grandmother bad names, but again she begged me not to tell her mother. She decided that the best idea was for me just to forget everything her father said anyway. I said, "Just forget?" Is that what Marcia tried to do with bad thoughts? Just push them away? That's what she would like to do, but Marcia didn't have to forget—I knew all about it and liked Marcia anyhow so we didn't have to forget about it. If we both forgot, then we couldn't do anything about it, and we wanted to make Marcia good more of the time. [Interpretation of purpose of contact.]

About this time Marcia's eyes fell on the telephone and she asked if she could call the receptionist. I explained that the receptionist was busy and we should not interrupt, wondered if we could talk together about what she was going to tell her. Marcia, however, kept signaling the phone so that receptionist rang back and Marcia grabbed the phone and told her that her father was coming in and was going to tell Miss—(at this point Marcia turned and asked what my name was), was going to tell Miss B that she was very bad at home and also very good at home. After this she wanted to hide the new doll in my file drawer so I allowed her to do this. Although we had left the playroom and did not anticipate going back, she suddenly went back to it and wanted to play there some more. I had to explain that we could not do this, first because our own time was up, and, second, because someone else was going to play with another little girl right now and we had to leave it. Marcia asked who the other little girl was, said, "Let's see who it is," dashed out into the hall, met a worker coming down the hall with Jennie (another child client). Marcia went into the washroom and turned to me saying, "She ain't so pretty." I guessed Marcia didn't like it because she wanted to use the room. Marcia asked why it shouldn't be kept just for her and I explained that it didn't belong to me and that was why I couldn't keep it just for Marcia although I might like to do so. But it did belong to Marcia and me for our hour every week. Marcia washed her hands and arms and face and went to the toilet. She became quite interested when someone else came in, asked me in a whisper why the other girl "made so much 'wee-wee'" which I explained on the basis of her being a much bigger girl. In front of Marcia I explained to Mrs. P and her caseworker that I had been talking with Marcia

about how much I would love to meet her daddy, hoped that I could see him sometime soon. Mrs. P said she thought that was fine, was going to see if he could come in this week. Marcia said her father wouldn't know how to get here, wouldn't know this place with its yellow walls. She turned back to a book she was reading, seemed quite absorbed, and ignored her mother's pleas that she hurry.

Excerpts from interview with mother, also on 4-16-45:

Marcia was finding it hard to understand why her father could not kiss her, could not hold her on his lap as he used to do. Gertrude of course didn't notice it nearly so much. They tried to work out little games of throwing kisses to each other, but Marcia's comment was that it seemed very silly to her because she had been kissing her father for years—why should they now start throwing kisses? Mrs. P explained about the cold but Marcia found it hard to understand a cold that had gone on for so long. At about this point Marcia, in the next room, screamed loudly. Mrs. P reacted to it immediately, laughingly said, "Just wait till I get my hands on her." I said that Miss B understood that there would be times when Marcia would be noisy and loud in her play, that the caseworker did permit it, but at some later point would talk it over with Marcia, try to figure out why she was acting that way. I didn't want Mrs. P to feel upset about it or feel that she would have to scold Marcia for having done it. She laughed, said that she wouldn't say anything to Marcia, maybe would take it out on her at some future time when she did something at home which she wasn't supposed to do. She laughed again, said maybe she wouldn't do that either. Both the children were really very good. I said I thought they were pretty good children but I could well understand that there were times when they annoyed and upset Mrs. P, particularly now when she had so many other worries. She agreed with this.

Excerpts from an interview with Mrs. P on April 23 show the further impact on the family of Mr. P's return:

Mrs. P looked unusually tired and harassed. I said I was so glad to have seen Mr. P. I was sorry that there had been some misunderstanding because I had planned on having both Mr. and Mrs. P come in together. Mrs. P was sorry, she hadn't understood that but wouldn't have been able to come in at that time because of a conflicting clinic appointment for Gertrude. I thought we could perhaps arrange another appointment in a couple of weeks so that they could come in together. She agreed, said that Mr. P would be glad to come in any time.

She wondered how I thought Mr. P was. I thought his color was better than when I last saw him, but I did think he was pretty weak. Mrs. P started crying, saying that he was terribly weak, just didn't seem to have the energy to do anything. She was worried because he didn't seem to be picking up more quickly. He ate well, without any bad effects. She felt so discouraged. I said it must be discouraging for her. She said she had been trying so hard to give him the things he liked to eat, to make things as easy at home for him as she could. I said it hadn't been easy for her. She cried as she said that every least little thing seemed to make him so nervous, he couldn't seem to stand any kind of noise. I said it did make it awfully hard for Mrs. P because she wanted to keep things quiet, going along smoothly for Mr. P and of course I knew that was pretty hard with two active children in the house and so little room. Mrs. P said that was it—she felt “in the middle.” She thought that Marcia was getting very noisy and more active but she realized that wasn't true. I wondered if perhaps Mrs. P herself felt more aware of everything the children did, every little noise they made, than she formerly did, because she knew it disturbed Mr. P. She said that was it exactly. She wanted to keep things quiet for him and yet she couldn't expect the children to be quiet all the time, they had a right to play. Things like that never used to bother him at all. He loved having the children play. This of course was before he went to the hospital. She knew he tried very hard not to say anything, yet she could see him getting tense when the children were playing around very actively. He got terribly concerned because Gertrude, for example, who was so active, was climbing around, always doing things. I said these were some of the things I had meant earlier when I said that maybe Mr. P wasn't ready to come home yet, since no matter how hard Mrs. P tried she just couldn't duplicate hospital routines. Maybe he was still too exhausted and too nervous to be ready to be with the family again all the time. Mrs. P thought this might be true; although she didn't know what his reaction would be if he were to have to go away again. She thought it would upset him dreadfully. Then if things didn't go well after that she would feel terrible, thinking maybe he should have stayed home. I said of course it would be a doctor's decision as to whether or not he needed further hospital care, that if it should come up it should be presented to Mr. P by the doctor, not by anybody else. Mrs. P commented that *Marcia was aware of his extreme nervousness. She told him the other day if he was going to be that nervous she guessed he had better go back to the hospital again.* Mrs. P could see how much it upset him although he didn't say anything to

Marcia. Again it made it awfully difficult for her because she could never tell what Marcia might come out with. . . .

On 5-4-45 Mr. P was readmitted to the hospital, without adequate explanation to patient, family, or caseworkers. Again everyone was extremely upset. A brief excerpt from Mrs. P's interview of 5-7-45 shows us Marcia's reaction.

Mrs. P told me about Marcia's reaction to her father's leaving—that she told him pretty openly that she was glad he was going back because now she and Gertrude would be able to play again, that Mrs. P wouldn't always be hushing her up, that he was so nervous he made her, Marcia, nervous too. According to Mrs. P her husband said nothing to Marcia but did break down and cry when he said good-by to Gertrude. Mrs. P said she knew Marcia didn't really mean what she said, commented that when Marcia was feeling hurt herself as Mrs. P knew she felt hurt by her father's leaving, she had to hurt back. She learned later on from her mother than Marcia had cried hard after she and Mr. P left to return to the hospital. This to Mrs. P was an indication of how really bad Marcia had felt but how unable she was to express it to her father. I said I thought Mrs. P was right, that it was just so painful to Marcia she couldn't react in any way except the way she did.

Before explaining Marcia's response we might note Mrs. P's greater tolerance and understanding of Marcia and also the caseworker's technique of underlining Mrs. P's growth.

Here we see Marcia's mechanisms of denial and identification with the aggressor come through in full force. Regression? Not really. In order to weigh reactions like regression in their true perspective we must know the reality, emotional and/or social, within which an individual lives. We must also take into consideration the individual's age, his emotional and physical development. In the case of Marcia the intra-personal and social environment at this period is so complex and charged with feeling that it would be too much for any child of her age or even older. For a whole month her desperately sick father is home in a small apartment, not well enough to kiss her, not well enough to play with her. Yet to Marcia he is better. Hasn't she been told he was in the hospital because he was sick? Now that he is home he must be well. Also the family has told her Daddy had a cold. She can see no signs of a cold. If her father is better and is back home, why is her mother so upset? Why

can't Daddy be as he used to be with her? All this atmosphere of secrecy and worry inevitably forebodes further pain for Marcia and no one really shares the worry with her. Thus we are not surprised that she falls back on denying what she sees and feels. The caseworkers and her mother, and even perhaps Daddy, can *understand* her outburst at the beloved father but what of Marcia when she is faced with the fact that this was her last contact, her last words to her daddy—as they were.

How can the caseworker help her with this guilt? Perhaps the extreme striking out against her father is her fear that her father had to go away because she drove him away, because she could not keep quiet enough. The caseworker asks Marcia, "By the way, who sent Father back to the hospital?" and will not let Marcia side-step as she tries to do, but explains that it was not Mother or Marcia or the caseworker, but that Daddy had been advised by the doctor. This is important so that Marcia will not project blame onto Mother or caseworker, and, what is most important, will not assume the responsibility herself. From this time on, the caseworker has to take an active responsibility in helping Marcia come to grips with her pain lest she be overcome with guilt when death comes to her father. The danger sign appears in her own interview with the caseworker on May 7, when the keynote of the whole interview is: "I do not care for anything, nothing good comes from adults." A discussion of her father's condition shows Marcia that the caseworker does not share her fears and resistances in discussing it. Marcia is worried by this but she would be even more worried if she were allowed to deny or suppress her fear and knowledge of his illness and possible death. Some brief excerpts of interviews in this period give us some glimpses both of treatment and of Marcia's response.

5-14-45: Marcia suggested a picnic and I asked if she had ever gone on a picnic with Daddy. She said no. I said I was sorry he was sick. I thought Marcia must be pretty worried about this too. She shook her head firmly, said she was glad he was gone. When I looked at her questioningly she said decisively that she liked to be lonesome in the house. [Marcia's defense mechanism—identification with the aggressor. Father left her. She is lonely. Therefore, she says she needs no one.]

I thought Marcia must be just pretending. She shook her head and got very angry when I thought that was make-believe.

She then started singing a song "Don't Tell Fiddle Stories." I thought Marcia was the one who was telling fiddle stories. [Caseworker's attempt to assure Marcia that it is normal to feel lonely when a loved one leaves and that it is permissible to express it.]

Back in the playroom Marcia said she would be the mother, I would be the father, the doll would be our baby. She said that as the father I liked to walk a lot, to do everything, that I never got tired. [The opposite of what her father is able to do.] She handed me a string to pull the wagon, so I pulled it around a little to pretend we were going on a picnic. Having arrived, Marcia spread out the white paper, put the picnic things on it, sat down, put the baby between us, had the baby start to cry immediately and whimper that she wanted to make wee-wee. Marcia let her cry a good long time, finally picked her up and had her make wee-wee for a long time, commenting on this herself. She then handed me the baby, saying that I should beat her if she cried. She picked up the potty, said she had to go look for some hot water. She wandered out in the hall, accidentally went into an office temporarily occupied by another worker, and I heard them talking. When Marcia came back she commented that "that lady likes little girls," had said she could come back whenever she wanted. [Note anger at caseworker.] I agreed that she did like little girls, but I guessed she wasn't very busy right that minute, because when people were very busy, they couldn't ask you back no matter how much they liked you. Marcia nodded, understood this. She then asked if she had been gone a long time. I said yes she had and I had missed her. I had got very lonely and I didn't like to be lonely. Marcia looked very surprised, asked me again and I repeated that I was very lonely and that I didn't enjoy being lonely. A number of expressions flitted across Marcia's face: disbelief, pain, then a smile—"You are just making believe." Several times she insisted I must be joking, just pretending, that I couldn't really have been lonely. I said I was lonely only a little while for I knew she would be back. In a very loud voice she decided once and for all that I was just kidding and insisted that we should then start to have our food so she pretended that we both ate and both took naps. She then handed me the baby saying, "You are my big daughter and your father is dead; you are very naughty" and started to hit me playfully on the arm with a stick. She insisted I pretend to cry, and I did, saying "But Mommy, what did I do—I miss my Daddy so much." I cried a little while, then asked, "Why are you so bad to me, Mommy?" and she just said "because," continuing to beat me all the while, insisting,

"You are supposed to cry." [Same theme as earlier both as to Marcia's behavior and caseworker's handling.]

And so the treatment went on till Marcia in her play was already living through the death of her father. She showed some confusion in her thinking about the hospital as being a place for sick or dead people. Here the caseworker's and consultant analyst's feeling was that caseworker's clarifying that the hospital was for sick people was not enough and that if at all possible Marcia should see her father once more in spite of his emaciated condition. This would answer many questions for the child. This would help her see that her father's going back to the hospital was not a desertion, not a retaliation for her behavior, but was because he was so terribly weak. (Unfortunately, even with the closest co-operation of the hospital this could not be accomplished before Mr. P died.)

Marcia had to be carefully prepared for the visit, for she knew children could not go to the hospital. During the casework sessions we saw Marcia resort to more "play-acting out" in spite of the fact that she was an unusually articulate and verbal child. At this time she could not help acting out as opposed to talking about the pain because too much emotion was involved. Through her games she acted out her fears, her thoughts of what happens in a hospital. In this play we began to see empathy with her father as opposed to the earlier projection of hurt. She also showed through her play that there are two ways to be liked and to get attention—(1) by being sick, and (2) by being a baby. The more Mrs. P's interest was absorbed in the sick father the more Marcia tried to rival her baby sister. During this period the caseworker showed her liking for Marcia freely and commented, when appropriate, that sad thoughts were not so sad when shared.

The mother's caseworker also worked on the problem and we saw how much more appreciative Mrs. P was of Marcia's feelings. In three interviews (6-4-45, 6-12-45, and 6-19-45), Mrs. P discussed with her worker the preparation for Mr. P's death, not in intellectual terms but with real appreciation of the implications for Marcia. While extremely grieved herself and concretely busy she was "mother" first rather than "wife." These interviews confirmed the caseworker's belief that Mrs. P had really gained emotional understanding of Marcia, realizing that Marcia's aggressiveness hid her

deep sense of hurt. Mrs. P reported incidents where Marcia showed her ambivalence by actually talking to the mother about her father's death—wishing to make him comfortable but also minimizing her own pain by saying for instance that "She wouldn't miss him because he had been away so much and wasn't like her daddy any more." It was apparent throughout this period that Mrs. P shared the family situation with Marcia in a way that gave the child opportunities to work out her reactions within the family setting.

On 6-23-45, before arrangements could be made for Marcia to see her father, Mr. P died—three days before Marcia's sixth birthday.

On 6-25-45 Marcia's caseworker visited Mrs. P at the funeral parlor with Mrs. P's caseworker:

Mrs. P was uncertain whether it would be good for Marcia to come to the funeral and I learned that Marcia had been very insistent on this and in addition wanted to go to the cemetery. "She acts as if she had a right to it because it is her daddy." I thought she did have a right to it, that children often felt left out when the family was going through a period of grief such as this. All in all, Mrs. L (Mrs. P's caseworker) and I thought it was better if they could be included and be allowed to share in the family's grief. In this way they could handle their feelings much better than if they had in addition feelings of resentment at being shut out. Mrs. P immediately could see this and it was arranged that Marcia would go to the funeral as well as to the cemetery. Mrs. P eagerly responded to my suggestion that Mrs. L and I also come to the funeral and go to the cemetery, said she could see this would give me an opportunity to answer Marcia's questions later and to talk with her about it all in the months to come. It was agreed that I would call for Marcia at the house and take her to the funeral parlor for the services.

Mrs. P spoke of how solemn Marcia had been when she had first viewed her father in the casket, the effort she had made to keep back the tears, how she swallowed hard. It evidently meant a great deal to Mrs. P that Marcia was able to speak so warmly and positively of her daddy. She had been expressing some anxiety, however, about the rest of the family dying and about who would take care of them now. Mrs. P had pointed out that they got along even when Daddy was sick and in the hospital, but Marcia said that was because they thought he was coming back. Now that they knew he wasn't coming back she wondered what would happen to them. Marcia had told her

mother that God takes the fathers because the children need the mothers to stay at home and do the washing and cooking.

We also discussed briefly Marcia's birthday, the following day. Mrs. P thought that she would give Marcia some of her presents in the morning but wait until after the funeral to have the cake or anything really celebrating the birthday. I gave Mrs. P a little blouse for her to give to Marcia, said that I had bought a couple of storybooks which I would keep at the office. I wondered about bringing Marcia to the office after the return from the cemetery so that I could give her the storybooks there and then bring her home. This would also give me an opportunity to talk with Marcia about it. Mrs. P thought this an excellent idea.

On 6-26-45, when I went with Mrs. P's worker to pick up Marcia, I found her playing on the street, her grandmother watching from the window above. Marcia was very becomingly dressed in a little pink dress. She immediately took my hand, chattered all the way to the funeral parlor. She told me she had already seen her father, commenting that it was easy to see him because there was a little stool on which she could stand. She spoke of the people who were coming to the funeral, specifically a friend who is the child of "Uncle John." Marcia seemed very glad that her friend was going to be there, told me that she was going to sit by her friend. She ordered us not to cry, adding that her mother and grandmother and aunt were crying but that she wasn't, in fact she was the only one who wasn't. [She really steeled herself again.] When I said I thought Marcia probably felt like crying too, she denied this vigorously.

As we got to the funeral parlor I explained to Marcia that inside she would have to talk in a whisper but she assured me that she knew. When we got there Mrs. P immediately took Marcia up to look at her father again and then Marcia came back to sit by her little friend Carol. She carried on a constant conversation with Carol, but in whispered tones. I was unable to hear much of this except that her daddy was sleeping and couldn't wake up. At another point, looking quite white and strained, Marcia asked Carol if she would cry if her daddy died. Carol very solemnly shook her head, no, and Marcia said she wouldn't either. At this point I motioned Marcia to come back to me and whispered to her that it certainly was all right for her to cry, that a little girl had a right to cry when she felt sad and when her father died. Marcia angrily assured me she didn't want to. I said I understood that but I still wanted her to know it was quite all right for her to do it. Subsequently I overheard her say to the little girl that maybe some day her father would be killed—by the Japs—and then Carol would

come to a funeral parlor too. There was quite a long wait for the minister and the pallbearers but Marcia did not seem restless, stood it very well, quiet except for the whispered conversation. Two or three times she went up to whisper to her mother. She tried to get Carol to go look at her daddy and the flowers, but Carol refused and Marcia asked her if she was scared. It seemed to me as I watched the expressions on Marcia's face that there was very real sadness there but a pretty determined effort not to cry or let it seep through too much, considerable curiosity plus some feeling of importance because it was her daddy who brought the people there.

Although Mrs. P had originally arranged for Marcia to ride in a car with me, I discussed this with her. Marcia was given her choice and agreed at once that she wanted to ride with her mother. At the cemetery Marcia was very solemn, watched everything with large eyes, accepted without comment her mother's suggestion that she ride back to town with me since she was coming to my office. I was impressed by the tender concern of all those in the car for Marcia.

At the office Marcia was very eager to see her present, commented on the very nice wrapping paper, and immediately recognized the wrapping of one book as similar to that of the blouse she had been given by her mother. The book she opened first was the story of Ferdinand. She looked through it, caressed it, commented softly that it was lovely. She then opened the second, a story of Babar, was quite excited over seeing the elephant, looked at the pictures, then said she wanted me to read the book. I explained to Marcia that we couldn't do that today because the family was waiting and this wasn't like the regular time at the office but suggested she bring both the books with her next week and I would read them. She implored me then to read just one page which she would select and I agreed to do so. She selected the page on which Babar's mother is killed by the hunter. At that point she started back to the beginning of the story and I felt it important to read it through to her. I pointed out how Babar cried when his mother died and Marcia nodded solemnly. On the pages where he was playing with all his friends she immediately pointed to that very happily. When, in the city, he was looking out of the window and was still not happy in spite of all his good fortune, she immediately said it was because he was thinking of his mother. I said that was exactly true and I knew that Marcia would feel sad too, because she would be thinking of her father, that there would be lots of times she would remember him, think about him, and feel sad. She nodded solemnly and we proceeded with the story. At the point where the old king ate the poisoned

mushroom, Marcia immediately said eagerly, "And he is going to die."

This remark was not picked up for several reasons: In this particular interview, as opposed to those before the death occurred, Marcia was living through reality; this indirect way of talking about death is her healthy way of decreasing the pain she has and is living through. Furthermore, it is not sound to interpret every attempt on the child's part to assimilate experiences.

After reading a few more pages I said we would have to go now, we couldn't stay too long today. Marcia seemed quite irked by this, but I said I had another idea for today. I wondered how it would be if we went across the street to the flower shop. She immediately suggested we buy a bouquet for her grandmother but I asked if it wouldn't be nicer to get it for her mother because after all Marcia's daddy was her mother's husband and she was the one who was especially sad and should have the flowers. Marcia immediately agreed to this.

On the street Marcia looked down at my shoes, commented they were nice, but said she wished her mother's caseworker had them because she was nicer than I was. [Caseworker had not been able to prevent the loss of the father.] I expressed surprise at this, said I thought I had been pretty nice, wondered in what way Marcia thought I wasn't. She only repeated that Mrs. L was nicer than I was. I again said I thought I had been pretty nice, wished Marcia would let me in on her little secret reasons why she thought I wasn't. At this she grabbed my hand, saying impatiently, "Oh, you're nice; I like you" and pulled me into the florist shop. In the shop she immediately decided on some gladioli which the florist assured her were the nicest in the shop. Marcia was not interested in anything except those even though I thought it might make a pretty large bouquet for her to carry. I selected a card, for I thought Marcia might write her name. She laboriously printed out her name then asked me what the printing said at the top of the card. I explained it said, "Thinking of you." She asked me then to write "Greetings to my Daddy." I said I knew she was thinking of her daddy and her mother was thinking of her daddy too, but the flowers showed Marcia was thinking of her mother and I suggested we change it so she immediately suggested "Greetings to my Mother." Marcia seemed very proud of the bouquet and carried it very well, even though it was quite large and heavy for one so small. As we were walking along the street she said reflectively that she had wanted to bring some flowers

to her mother and that she had picked out the very nicest flowers in the world, hadn't she, that the florist had said they were the very nicest, hadn't he?

Just before we got to the house I told Marcia there was something I wanted to tell her again and that was I wanted her to be sure she understood that it was all right for her to cry when she felt like it, that naturally little girls felt sad when their fathers died. I knew Marcia loved her father very much and he loved her very much and if she felt like crying it was all right. Marcia nodded, said she knew. I went on to say I wanted to be sure she understood too that the reason her daddy had had to go away from home and go to the hospital was that he was so very sick. He didn't like to do that because he loved Marcia very much and wanted to be with her but he was so sick he couldn't help it. He didn't want to die either, but he couldn't help that. Marcia again nodded, said she knew that, she knew he didn't want to go away, she knew he was sick, and she knew he didn't want to die "until all of us could die together." I agreed that that would really be the nicest way because then there would be no one left over to be sad. . . .

Unfortunately, Marcia's caseworker had to go on her vacation shortly after the funeral. Here it was of utmost importance to help Marcia accept the difference between temporary and permanent disappearance. The caseworker used the device of arranging for weekly correspondence on the usual days of the interviews. Efforts were made to have Marcia go on a vacation with her mother so that Marcia too could be a person who goes away instead of always being the person who is left behind.

Looking back on the funeral and the next interview with her caseworker, we see Marcia reacting more appropriately to her father's death than could have been anticipated. She permits herself to express feeling. Of course the irreversibility of his death has not been assimilated; note her "Greetings to my Daddy." The danger to be watched for is a possible attempt to identify with the lost person or, even more dangerous, the attempt to identify with the father in the sexual role.

In her play in the interview of July 2 (not given here), Marcia reflected a very healthy reaction. She assigned her caseworker the role of the father—still living. Yet she realized that this was just pretending—a healthy sign. We saw here Marcia's struggle between her wish to forget her father, her desire to have a substitute,

and her realization that this was "just pretending," that "father was gone."

There was also an interview with Mrs. P on this date.

7-2-45: I explained to Mrs. P about Miss B's vacation, her feeling that she didn't want to talk to Marcia today about her leaving, that she wondered if Mrs. P would be able to bring her in an extra time so that she could tell her then, then see her again afterwards, explaining this on the basis that in a child's mind there is so much confusion between a person's leaving and a person's dying. Mrs. P readily agreed to do this, commented that Marcia had talked very little about her father. Her aunts did take her out and found her the locket that she wanted for her father's picture and she was looking forward to having that. She didn't want her mother's picture in it, just her father's. Mrs. P seemed to accept this without any feeling at all, commented that Marcia thought of it as something very special and she was awfully glad that her aunts got it for her.

Marcia seemed to be taking her father's death better than Mrs. P had expected; she didn't get silly nor did she seem to brood about it too much. Every once in a while though, when Mrs. P didn't expect it, she made some comment about her father. I thought she probably would do that for a long time to come, that it was just too much for Marcia to be able to take in all at once. We knew how hard it was for a grown-up even; how much harder it was for a little child who didn't understand. Gertrude, who of course was much too young to understand about it, went around the house saying that her daddy was not in the hospital, he was dead and was in the box. When Mrs. P was going over some of her husband's things, Marcia commented that they would have to get rid of them because she needed the bureau space for her own things.

Mrs. P thought that Marcia might ask Miss B some questions. I said that she might, or she might be as reluctant to talk about it as she was at home. I didn't think that was too unusual; it would take time for Marcia to be able to talk about it very much. I again related this to our needing to protect ourselves as much as we could from sad, unpleasant things.

On 7-24-45 Mrs. P commented that Marcia was such a good kid, helped her so much. She told me that Marcia talked a good deal about her father. Sometimes it upset Mrs. P to hear Marcia talking about him the way she did, so kindly, so nicely. She told us that the other day Marcia was talking with a little friend of hers whose father had just gone overseas. The children were talking together just like grown-ups. Marcia explained very seriously that her father went away too, but he

would never come back. She hoped that this little girl's father would come back and hoped he would be all right, not injured in any way. Mrs. P thought that that was so nice. I said that it was. I thought it indicated how very well Mrs. P had handled things with the children during the period that was so terribly trying both to her and to them.

The reaction to the temporary separation from the caseworker also shows movement in that Marcia can express appropriate reactions to her father's death and to the caseworker's vacation. A few fragments from the interview preparing Marcia show the differences between this time and months earlier when the first caseworker left.

On 7-5-45 Marcia immediately went to my office to remove the set of dishes from the file, took them to the playroom, came back to my office to look around and see if there was anything else she wished to take. At this point I said Marcia was probably wondering how she happened to come in today because this was not Monday and I had seen her just this week. She nodded without saying a word so I asked if she wouldn't like to know why I had wanted to see her. Again she nodded. I explained I especially wanted to see her an extra time because next week I would have to go away on my vacation and didn't want to have only once more to see Marcia. Marcia's face looked very sad and forlorn so I went on to say I was very sorry I was going away right now, because I certainly would miss her but that I would be gone for just four weeks and then would be back. I would think about Marcia a lot while I was away and I thought it might be nice if we would write to each other. Marcia immediately responded to this, said she would send me a drawing. I said I would send her a card every week and I would fix some cards and some paper and envelopes so that she could write to me too. After a moment she asked who was going to take care of her while I was away. I said I was afraid there wouldn't be anyone here to play with her or to see her as I had done, but that she and Gertrude could play in the waiting room or could use the playroom if they preferred. She asked about "the other Marcia" (a clerical worker) but I explained that Marcia had to operate a typewriter and didn't see little girls the way I did. Perhaps Marcia wouldn't be coming in regularly while I was away anyhow because Mrs. L had told me there was a possibility that the family might take a vacation together. I certainly hoped this could be arranged, thought it would be awfully nice if Marcia could go away for a vacation. She looked interested in this but made no response, turned instead, looked out of the window, saw the florist shop, and asked if she could buy

her mother some more flowers. I said I was sorry we couldn't do this again today and explained that flowers were for very special occasions, such as the day of the funeral or perhaps for a birthday or something like that.

Marcia asked also about Mrs. L's vacation, seemed pleased to hear it was at a different time from mine, asked if everybody had one. I said yes but usually people took them at different times so we wouldn't all be away at once. At one point Marcia tenderly tucked my arm into hers, asked me to call her "my dear servant" and to ask for a drink of Coca Cola. She returned quickly from the water fountain and continued the coloring until the end of the hour. I made it clear that I would be seeing her again on Monday, that at that time I would have some stamped self-addressed envelopes for her to write to me, told her there would be four Mondays I would be away and then I would be back. I mentioned again how much I would miss her and be thinking about her and how glad I would be when I came back to see her again.

I talked briefly with Mrs. P in the waiting room. She seemed very pleased and relieved that Marcia had not exhibited indifference over my going away. I mentioned my plan for corresponding while I was away, which she thought was a good idea. I told her too that Marcia was wishing she could have some more flowers for her mother and I was sure Mrs. P would like to hear that. Marcia looked quite tender and soft as she heard me say this.

On 7-9-45 when I met Marcia in the waiting room she ordered me ahead of her down the hall, kept yelling excitedly, "Don't peek." In my office she asked me to sit down, close my eyes, then open them, and I discovered she had left on the desk for me a package of Chiclets and a package of Charms. I thanked Marcia for this, told her how very pleased I was to have this going-away present, thought she was so nice to think of doing something like that. She immediately told me it was her grandmother's idea. I thought Marcia was so nice to bring me this and asked if she would like to see what I had for her (a salmon-colored geranium). Marcia was quite excited over having a flower, but disappointed that it was not red. However she kept sniffing at it and seemed very pleased, suddenly said she knew why I gave it to her—it was because I was going away and was going to miss her. I said that was exactly right, maybe the flower would make Marcia know I was thinking of her just as her gift would make me know she was thinking of me. I was sorry I had to go away and would be very glad when I got back and could see Marcia again. . . .

Marcia suddenly asked if I had fixed the paper and the envelopes for her to write to me. I said I had waited for her to come thinking we might do that together. She led the way back into my office, selected some paper and went with me out to the front office to get stamped envelopes. She was disappointed when I gave her five, said that she really wanted to write to me every day. I was delighted that she would want to write to me so often but thought she probably wouldn't write real letters quite as often as that, thought that five envelopes probably would be enough. Back in my office she decided we wouldn't address the envelopes until the end of the hour.

Going back to the playroom she pretended she couldn't walk very well, did a number of dancelike steps en route. She was going to be a baby 2 years old, asked me to set the table so that she could have a bath and be fed. She suddenly decided she wanted the wagon brought in too, asked me to pull her back from the waiting room into the playroom, sitting up straight saying that is the way it was when one was 6 years old. . . .

Since the hour was almost at an end I mentioned this to Marcia and she immediately led the way into my office to prepare the paper and envelopes. She commented that she had much more paper than envelopes so I said any she had left over she could use for herself in any way she pleased. She nodded, said she didn't have much paper at home. I started to address one envelope in longhand, but she told me to print one and not to do the others since she preferred to do it herself. I therefore printed out my name and address so she could copy it. I suggested she always have her mother help her to do this since then she would always have it right so the mailman could be sure to get it to me. She nodded, folded all the papers very carefully and put them in an envelope. As she was doing this I commented that I certainly was going to miss Marcia a lot and she replied that she was going to miss me a lot too. She carried the geranium out to show her mother, who asked if Marcia had told me about planting some geraniums on her father's grave the day before. I learned that Marcia had taken a couple of geraniums and had insisted on being the one to put them on her father's grave. Marcia did not seem to be paying much attention to this, picked up her flower again and the envelopes, started out without saying good-by. Mrs. P wished me a nice vacation and, as she and Gertrude were going down the stairs, I walked out with her. Marcia was standing at the bottom. I called good-by to her and blew her a kiss. At that she smiled and blew me a kiss back.

Here is a brief report about Mrs. P at this time.

7-16-45: She is continuing to read to the children at night, mentioned how fond they are of the books Miss B gave. Told us how terribly pleased Marcia had been with Miss B's note, how she was worried that the candy she gave her would be gone so soon and then she wouldn't think of her any more. (In the note Miss B had mentioned that she would think of Marcia every time she ate a piece of candy.) Marcia wanted to send Miss B more candy so that she would go on thinking of her. Mrs. P wondered if it would be all right. When Marcia was so delighted with Miss B's note, her sister commented on how happy the agency had made Marcia. Mrs. P laughed and said she had commented, if they only knew how mean Marcia could be sometimes. I said that probably Mrs. P thought sometimes we forgot that Marcia could be a real problem to handle, that she could be fresh, that she might act differently at home than she acted in the office. We really didn't. Miss B was interested in knowing about Marcia's behavior at home because she wanted to help her to be less difficult to handle, not only in school and in the office but at home too.

A special vacation was arranged for Mrs. P and her two children in a family camp where a kindergarten teacher took responsibility for the two children during the morning.

The interview just preceding this vacation brought out Marcia's fear of counting too much on anything. This was nicely handled by Mrs. P although it was apparent in the interview that she was upset by the realization that Mr. P could not share the pleasure of this trip with them. Most of the caseworker's treatment in this interview was related to helping Mrs. P work through her own sense of loss. There was also one interview with Marcia before she left with her mother for vacation.

On 8-14-45 Marcia was eagerly watching for me as I came down the hall but when she sighted me ran into the waiting room and pretended to be very casual, smiling and saying hello. I hugged Marcia and greeted Mrs. P, but Marcia seemed eager to get down to the playroom, was carrying in her hand all the letters I had sent, asking if I remembered everything I said. I thought I had a pretty good idea, but it would be fun to read them over with Marcia. I certainly knew what she had written to me, had been so pleased to hear from her, thanked her again for the candy. She seemed very pleased, immediately asked about the dishes, which she was unable to find. I got these

from the file in my office and took them to the playroom. Once in the playroom, although Marcia ordered me to read to her the letters I had written, she did not follow through on this, did not want to play with the dishes, started to ask about putting streamers out the window. (This was the day on which victory over Japan was announced.) She informed me that people all along the streets were hanging streamers out the windows and we certainly should too. She was quite inventive about making paper streamers, pasted them on the window sill with clay, let them hang down the outside of the building. She worked on this at length and I talked a little as we worked, said I certainly had missed her a lot and it was so nice to see her again. She grinned, said she had not missed me at all. I smiled and teasingly said I bet she did but when she denied it again I said I knew she had because she had written me letters that told me so. Marcia suddenly grinned then and said well, she wasn't missing me now because I was back. She had missed me while I was away, but now that I was here she didn't miss me at all. . . .

On 9-17-45 Mrs. P described her vacation in glowing terms, saying that for the first time in a long time she really hated to leave a place to come back home. She had been especially proud of Marcia who was even able to understand that temporarily they had to give in to Gertrude's whims.

Marcia had continued to talk about her father a great deal and made it clear that she didn't want any other man around, even Uncle Ernie. I gathered that Mrs. P had brought this up herself several times when there was something heavy to do, mentioning that now Uncle Ernie should be here. She seemed rather pleased with Marcia's emphatic denial that they needed Uncle Ernie at all. Mrs. P didn't quite know what to make of it. She mentioned that when Uncle Ernie came to the house Marcia enjoyed playing with him very much and seemed to have a wonderful time. Mrs. P knew that Marcia thought about the possibility of her remarrying. If Marcia were older perhaps she could talk with her about it a little bit, but after all she couldn't make any promises that it wouldn't happen; that after all was her decision. I said yes, of course it was Mrs. P's decision.

Sometimes it made her feel bad that Mr. P couldn't be here to see the children, particularly Marcia now that she was starting school. He would have been so proud of her. Mrs. P believed Marcia liked it very much. Marcia continued to talk of her father watching her from heaven, mentioned this particularly when she had been very good or was very proud of the way she looked. Mrs. P had laughingly told her that, yes, her daddy did watch her from heaven; he saw her when she

was good and also saw her when she was bad. Marcia just laughed at that, said that if he saw her when she was bad then he just laughed and didn't get mad. Marcia had commented about other children's fathers who accompanied them to school, seemed surprised that some of them were so much older than her father. She talked about the fact that her father would always be young. He wouldn't be fat and bald like some of the fathers. She wanted very much to visit the cemetery again and Mrs. P knew she would have to take her.

We have now followed Marcia's development through two difficult years of her short life—difficult years for any child, exceedingly so for this youngster whose environment was robbed of its security by illness, death of the father, weakening of a mother who lost her strength and simultaneously had to take on the burden of a double role. We have seen the child weather the tragedies with the help of the mother and the caseworker and we have seen the mother regain her strength and, more than that, grow in stature—again with the help of her caseworker. The worst traumata were over for Marcia—for the mother many hurdles were ahead. Normal problems of growing up were still before Marcia and unless the mother could continue to be free to love and enjoy her growing daughter, Marcia's normal growth could still be hampered, slowed up, or arrested.

The following year held several severe threats for both mother and daughter. Unfortunately, as things will happen in life, troubles do not seem to come singly nor are they necessarily timed according to the strength of the individual. So it was with Marcia and Mrs. P. Again they were normal enough occurrences in family life. There was the return of Aunt Marcia's fiancé from overseas, with the possibility of her marriage, there were children's diseases, including measles and, for Marcia, a severe case of scarlet fever which meant a six-week stay in bed and serious complications. This reactivated the feeling about her father's illness for Marcia—who still feared illness and pain, and also suffered from being separated from a much loved school teacher. Then there was the first Christmas without Mr. P. A neighborhood fire threatened the life of a young mother and her child, again reactivating Marcia's fear of death—being left without someone to care for her. There was also increasing illness of the grandmother (with the possibility of cancer) and a false but frighten-

ing alarm that Gertrude might have a heart involvement. All this was concentrated in a period of four months. Little wonder that we saw the mother respond with exaggerated querulousness—a symptom noted from time to time in the early contact, but now reaching serious proportions. This querulousness expressed a complex set of feelings: jealousy of her sister, resentment and guilt toward her mother, illness as punishment for “badness” (unconsciously determined, probably connected with her close attachment to her own father). This period threatened not only Marcia’s good adjustment but also, because of the reverberations in Marcia’s behavior, the satisfying mother-daughter relationship. As Mother became more “mean,” more “drab,” Marcia’s negative comparison of Mother to Aunt Marcia, teacher, caseworker—natural for a child of this age—became more charged with feeling. Again these created negative responses in the mother.

It was the feeling of the consulting analyst and the caseworker that most effort should be directed toward helping the mother—that Marcia was coming along as fast as she could. Unless Mrs. P could have fairly intensive psychological help there was real danger that she might settle down into a limited querulous person. It was felt that consideration of Mrs. P’s future happiness should be given emphasis, with possible vocational training (not only to make money but to be able to meet people), that she needed help in sharing very gradually some of her negative feelings toward her sister and mother, and perhaps some of her feelings about illness. The long sound relationship that had been built up during the two preceding years would make this treatment by the caseworker possible. By this time Mrs. P felt truly accepted and respected by her caseworker and had for some time been able to share quite frankly the “less nice side” of herself as well as her fine side.

We might look at some of the record material during this period. There was the letter asking for help addressed to Marcia’s caseworker:

I am sorry that I have not answered your card sooner but we have had a little trouble with Marcia. She was getting along well until last week. She started running a temperature and when Dr. K came to see her he found she had a swollen gland. I thought maybe she had the mumps but he said it was a complication of scarlet fever. He wanted me to give her penicillin injections every three hours. She was so brave when he told her about it and I did give her one. Miss Barnes, that

was the first and last time. She wouldn't take the next one and believe me, I couldn't do it again either, so she is now taking it in medicine every three hours day and night and we both are pretty mad at each other about it.

The swelling has gone down and we both are happy about that. I am writing you this letter so that when Marcia returns for her appointments I wish you would watch her and see if you can in some way try to teach her not to be so bossy. At times she seems real rude. Maybe I am overtired and having her around like this it seems that way but at times I could really give her a good spanking. She listens to everyone else, having the idea that the doctor, Mrs. L, and yourself all know what little girls can do, but I don't understand her. I love her so much and want her to realize that there are things she can do and say and things she cannot. I know she seems clever but I want her to use it for her good, not to turn out a girl nobody will like. Maybe you can somehow influence her as she speaks so much about you and I know she will listen to what you tell her. I hope this letter isn't too long but I thought it would be easier to write you than to tell you about it in front of her.

GERTRUDE PRATT

This is one letter that Marcia doesn't know about. The two caseworkers responded to this letter with a home visit. This interview reveals Marcia's feelings at this time and also shows the caseworker in "action"—demonstrating to the mother how Marcia can be handled. It is also an example of pedagogical treatment. Marcia is asking for the caseworker's moral judgment and it is important to give this—even though she does not like it. (Note how the caseworker handles the Gertrude-Marcia incident.)

1-16-46: Visited with Mrs. L. Mrs. P and the children were all waiting for us. The house was all slicked up and Marcia had especially arranged her room (the living room where she had been sleeping since her illness) so that we could play in there. Mrs. P told us Marcia had explained to her mother that since that was not the "trouble room," she wouldn't be able to use any bad words there. Gertrude wanted to go with Marcia and me into the living room but the mother kept her with her, explaining to us that Gertrude was missing Mrs. K (the caseworker who had played with her) but didn't know exactly what it was she was missing and therefore wanted to go with us. . . .

. . . While I was busy doing the washing, Marcia suddenly said she didn't like the name of Marcia, in fact she didn't even like the name Pratt. I asked what name she really would like and after thinking for a while she asked me to call her "Laura Assella." She asked if I liked that name. I said it was all right, I didn't like it as much as Marcia, but if she wanted me

to call her that I would. I liked her regardless of what name she had. She said that she liked it, then went on to say that she didn't like the name Daddy, Papa, or Father, she didn't like the name Mommy—those were sissy names. I asked what names she did like for Mommy and Daddy, but she did not answer this, continued hanging up clothes, reproved me for not washing clothes more vigorously, and accidentally called me "Mommy." She laughed right after she did this, commented that she had made a mistake, suddenly said she would like me to come and live here. She suggested that I go home, pack up my clothes—just my clothes, not any of my furniture or "any of that crap"—come and stay with them. There was plenty of room since I could either sleep in the double bed with her mother or I could sleep with her, for the studio couch that she slept on opened up to make a big bed. I exclaimed that this certainly would be nice if only I could but I couldn't do this because I had to stay where I was. Marcia begged hard, said I could go to the office every day but she would see me every morning and every evening because she didn't have to go to bed until nine. I said it certainly would be nice to see Marcia every day and play a lot and visit a lot together. She said she wouldn't miss me so much if I could do that . . . I said I wouldn't miss her so much then either but maybe she and Mother had been together so much that they were mad at each other. Maybe she thought she didn't want to be alone with Mother; maybe someone else would come; maybe she said something like that to Mother to make her mad and sorry. Marcia looked very downcast, said well, she wasn't sure she would come to the office to see me any more if I couldn't come and stay with her at least for a week or two.

Marcia turned then to the dolls, said we had to get all the clothes ironed, dress the dolls, and get them ready to go to school. She suddenly took the dolls and gave them all a thorough beating, asked my help in getting them dressed. She told me one of the dolls belonged to Gertrude and she gave this one very rough treatment, took a comb and pulled out part of the doll's hair, assuring me, however, that Gertrude did it this way and so it was quite all right.

About this time Gertrude came into the room. Marcia rushed up, grabbed her, yelling to her to get out. Gertrude looked very unhappy, braced herself, and refused to budge. Marcia kept trying to push her out and Gertrude kept braced against Marcia's pushes. Marcia closed the door, finally said to Gertrude that if she stayed here she had to stand in a corner. (This was back in a dark corner out of sight of where we were playing.) Marcia came back, finished dressing the children, ignoring Gertrude

completely but I soon heard Gertrude crying very quietly back in the corner. I whispered this to Marcia and she said she didn't care, did I? I said yes, I was very sorry Gertrude was so unhappy, that I thought it was a little different when we played at Marcia's house from when we played at the office. At the office, of course, we liked to be by ourselves and didn't like any interruptions but at home it was a little different when there were other people around. Although Marcia and I would really like to stay by ourselves, I thought maybe, since we had had our hour together and it was almost time for me to go, it would be all right if we let Gertrude play with us for just a few minutes. (All this was said in whispers so that Gertrude couldn't overhear our conversation.) Marcia without answering went and got Gertrude and pulled her into the room. Gertrude, who had tears streaming down her face, looked very happy to be allowed to come in and stood just looking at us until Marcia got an inspiration and decided Gertrude should be sent to the store. She dressed her up in a costume and mentioned a long list of things for her to get.

Gertrude had hardly left the room when Marcia rushed out too, said she had a locket she wanted to show me. She showed me a small heart-shaped locket which as yet had no pictures in it, said her daddy was going to be on one side and she was going to be on the other. She then went out begging her mother to put the pictures in it, said that her mother had promised this for a long time but kept putting it off. Marcia came back in but seemed rather sullen and restless, suddenly asked if I had read in the day's paper about the little boy whom two other boys poured kerosene on and set on fire. There was another story too in which a little girl of 11 rescued her little baby sister 5 months old and another one 2 years old, but the mother was burned. Marcia tried to find the paper to show these stories to me and called on her mother for help, but Mrs. P said she guessed the paper had been thrown away. At this point we both went into the kitchen where Mrs. P and Mrs. L were, and we all started looking at photographs again. Gertrude again was clamoring for my attention so Mrs. L put her arm around Gertrude, asked her to look at pictures with them. Marcia did this for a while but I soon looked up and saw her standing off in a corner looking very unhappy. I talked to her and called her over to me, but she went into the living room by herself. Mrs. P in the meantime was telling about Marcia's efforts to get the house all cleaned up for my visit, said she had straightened up the living room but hadn't cleaned under the bed. She assured her mother that I wouldn't be looking under there anyway. I went in to have a few words alone with Marcia

before we left; she again asked me to live there, threatening that she might not come to the office if I did not come to stay with her, suddenly added that her little sister loved me and that before I came Gertrude had assured her that she wished I would live here. I said I knew how disappointed she must feel because I could not do this. I hoped I would see Marcia in my office the following week so we could go into our own playroom the way we used to do. I told Marcia it was all fixed now, recalling that she had not liked it when she had been there before and had had to play in my office. I mentioned though that a little boy had been playing there already and something had happened. Marcia excitedly asked if he had "peed his pants," but I said no, he had been playing with finger paints and got the finger paints on the wall. Marcia looked very stern and disapproving, said in that case she certainly wouldn't go in that room, after all, "good kids like clean walls." She thought he must have been very fresh, rushed out to tell her mother that there was a fresh little boy who put finger paints on the wall. Her last warning to me was that she would not go in that room if the wall was dirty.

Before analyzing the interview we might also note the one of 1-30-46, omitting the one of 1-23-46. This was again an office interview.

I mentioned that I understood Marcia was back in school, asking her if it was fun being back. She said in a very superior kind of way that she wasn't learning much nowadays because it was the end of the term, but she was going to be promoted to 1B. I thought possibly Marcia found it pretty nice to be back since she had been home, shut off for so long a time, and must have got sort of tired of just being sick and in bed for so many weeks, with no one there but herself and her mother. In fact, as I thought it over, I thought probably one of the reasons Marcia invited me to stay there was that she wanted some other people around too. Marcia said that was right, but she really wanted me to live there so she could see me every day. I said lightly that maybe she would want a change from me too if I were around too much of the time but it certainly was nice to see Marcia regularly the way I was doing. . . .

As I finished my coloring Marcia asked me to help her and seemed quite dissatisfied with her own work. In a rather whiny voice she kept saying that I colored so nicely and that she didn't "color good" at all. I asked how she could feel that way because her work was very nice (realistically true), but she insisted she didn't like her coloring, decided we could read the titles under

the pictures instead. We went through the whole book (*Raggedy Ann*) in this fashion. She then asked me to put the coloring book and the crayon box in the file in my office so no one else could touch them.

As she opened the playroom door she saw her sister and Mrs. K in the office across the hall. (We had heard Gertrude's voice for some time previous to this.) Marcia immediately rushed into that room to see what Gertrude was doing, told me to go put the things away. I did this and when I came back Marcia was asking Mrs. K questions in a somewhat hostile fashion, at the same time playing with the key in the door trying to lock and unlock the door. I suggested it might be a good idea for us to go back into our own room, reminding Marcia that we didn't like to be interrupted and that perhaps Gertrude and Mrs. K wanted to be alone too. Marcia ignored this, took a teddy bear and started throwing it up to the ceiling, letting it fall wherever it would. I caught it once when it came down, explaining that since this wasn't the playroom we couldn't throw things in this particular room. Marcia looked very angry at this and rushed past me into the playroom, so I went in behind her with the teddy bear and closed the door. She started piling up a bunch of dishes, said I should be the husband and get breakfast and she was going to carry all of the things into the room where Gertrude was. I explained to Marcia that, as she knew, we couldn't play in the other rooms the way we could in the playroom and that I was afraid we couldn't carry all of the things into one of the regular offices, much as we would like to. Also it was really the end of our hour. (Marcia had realized this when she had originally told me to put the colors and crayon books in my office.) Marcia looked very angry, told me to get out of her way, that I was mean, that she would let a little girl do things like that. She tried to brush past me and in so doing dropped one of the dishes, which broke into several pieces. Marcia immediately said it was all my fault—I was so mean and I was in the way. If I hadn't tried to stop her it never would have happened. I said I was so sorry this had happened. I felt that Marcia and I had better discuss this a little bit even though it was the end of the hour. We didn't want to say good-by when there was so much misunderstanding. Marcia dumped the rest of the dishes on the desk and, when I leaned down to pick up some of the broken pieces, she was gone in a flash. I went out in the hall just in time to meet Mrs. L and Mrs. P so that when we went into the waiting room all of us came in together. Marcia stood across the room and I had the impression she might possibly have thought I had told her mother about the behavior. As Mrs. P started

to get Gertrude dressed, I went up to Marcia in a very warm way, asked if I couldn't help her with her galoshes. (They are very difficult to put on.) Marcia hesitated a moment then said yes. I joked about the galoshes with Marcia, commenting that it nearly broke her foot each time she had to put them on. When I said good-by I spoke to Marcia definitely about looking forward to seeing her the following week.

Noting the first excerpts of the interview of 1-16—the first one since the illness—we are struck by Marcia's relationship to her mother which has taken a turn for the worse. Asking the caseworker to live in the home is Marcia's way of saying that her mother is inadequate, that she is sick and tired of her and wants a change.

This was a phase during which the good relationship between Mrs. P and the caseworkers kept the mother from withdrawing from contact. Nevertheless delicate handling was required. The caseworkers did not see the peak of Mrs. P's irritation except as expressed in the letter. By the time of the visit Mrs. P's emphasis was on the positives in Marcia's behavior.

The consulting analyst and caseworkers speculated on the effect on Marcia of having been in her father's room and bed. (When she had high fever she called for her father.) The penicillin injections may also be a very important factor in view of Marcia's feelings about hypodermic needles, sexual expression, and sex associated with pain. (We recall her earlier sado-masochistic associations.) This is, of course, very frightening to Marcia. At the same time it is exciting and desired, but her ego wards it off—"I don't want it from you (my mother), you are not the right person; I need my father." Hence she becomes very naughty with her mother. As she begins to emancipate herself from this relationship she begins to look for someone else to replace the mother—the caseworker. In a part of the interview not quoted here, Marcia asked for flowers and gifts for Mrs. P and Gertrude—we wonder whether this desire to give was aroused by her guilt. Thus we see clearly the ambivalence toward the mother. The desire to sever her ties with her mother is normal for a child of this age, but is here accentuated by the closeness and dependence during illness. There are two ways a child can accomplish this severing of ties. The child can get someone else or try to resolve the conflict through identification—"You have not been too good a mother to me. I will try to be a

better mother than you, I'll get things for Gertrude." Here we see a rather clear example of the fact that "the superego is the heir of the oedipus complex." The oedipus complex passes because of lack of satisfaction from the parents and a feeling of guilt, which is a contributory factor to identification. The child's depreciation of her own drawing, which had not been noticed before, as well as her unrealistic feeling about school may be related to her feelings of guilt. The intensity of her dissatisfaction with herself at this time may stem from her feeling "I've been a bad child." Marcia's changing her name may be a further depreciation of herself and family—"I don't like my family and I don't like myself."

In not too long a time and with her return to health, Marcia gains her equilibrium and becomes more and more steadily the latency child. Righteous indignation over Gertrude's and other children's misbehavior shows the continuing struggle with her own impulses. As her own impulses become less precariously controlled, the intensity decreases and understanding of Gertrude's childish behavior increases. We see more energy flowing into "learning." A letter to her caseworker during the latter's 1946 vacation shows this increased freedom to express her positive feelings.

DEAR MISS BARNES:

I hope you receive this letter. I hope you are having a good time. I missed you today. We had a reading test in school by another teacher. It was a little hard. We had to do this. Read the story to ourselves. Then we had to draw lines on the picture that the story tells. We had to write our name where it said name. We had 3 pages to do. We had lots of words we did not know. Imagine, Miss Barnes, now that I know this work we are learning double numbers—2 plus 6 equals 8, 1 plus 2 equals 3. Last week Mommy, Gertrude and I went to Central Park. We had a picnic and stayed till 5 o'clock. We had fun.

Love and kisses,

MARCIA PRATT

She printed the letters herself and accompanied them by drawings which, to the psychiatrist, showed unusual freedom of movement. Like the normal latency child, Marcia now does not suffer so much from her own symptoms—there are so many things to learn. There is no evidence of acute anxiety, the one symptom she probably could not handle. The caseworker was concerned when Marcia did not talk about her father or about the disappointment that her mother

did not have a party on her birthday, the anniversary of her father's death. The caseworker tried to open the topic but met with immediate resistance. Since the attempt to encourage expression of feeling was opposed to Marcia's own way of handling pain, she responded with irritation (her resistance). We know, however, from an item that Marcia wrote for a school exercise, that she was not dangerously denying painful reality for she could write about it—a healthy sign:

I went to the cemetery. I saw my father's grave and I saw my grandpa's grave too. I went on the street and played ball with Charlie. I love my mother and I loved my father too but now he is not here. He is dead now. I like the snow. We play in school. I like to play in school. I like my doll.

Thus we see Marcia developing as a healthy youngster and can think of tapering off contact with her in the fall when she will enter 2B. During the summer when she is so much thrown with her mother, Gertrude, the grandmother, and deprived of school, visits may have to be increased, perhaps including some recreational trips.

Work with the mother progressed slowly but very meaningfully. She was helped with her own feelings by ventilating them with the caseworker and getting some interpretation. During the whole contact only once was direct guidance given and that quite late in the contact when Mrs. P was able to use it very well. After considerable work around the need to clarify the nature of the illness for Marcia, Mrs. P was given a pamphlet "Children Must Be Told Too."⁷ Here, because of her understanding of the material, the printed word added authority.

1-30-46: Mrs. P after a few minutes of casual conversation returned the pamphlet on "Children Must Be Told Too," saying she had read it with a great deal of interest. I said I would be interested in knowing what Mrs. P had thought of it. Her first comment was that everything in it was exactly as I had said. She recalled some of the things I had spoken to her about earlier, such as the meaning it has for children to participate in what is going on, participating in arrangements, and so on. As Mrs. P was reading it, it seemed to her as if the writers must have known Marcia, must have been writing about her, it was so exactly the kind of thing Marcia herself went through. She spoke of the day when Mr. P died, how,

⁷ Margaret S. Mahler and Ruth Henning, New York State Committee on Mental Hygiene, New York, 1945 (out of print).

although no one had told Marcia in so many words that he had died, she had gathered the fact from the actions of both the mother and the grandmother. When her grandmother had given her money to go downstairs and ask the man in the store to call her Aunt Marcia to come home immediately, Marcia had told the man in the store in a completely matter-of-fact way that her father had just died. Later on, according to the grocer, she had gone out into the street and played with some of the other children as if she didn't have a thing on her mind. He had made some comment about it later, had seemed fairly critical of Marcia's not appearing more upset, and had not understood how deeply hurt Marcia was underneath. I said that many grown-ups did not understand how children could appear so nonchalant on the surface and so unmoved by something which had so obviously upset grown-ups. Not understanding it, they often interpreted it as lack of feeling. I said I was interested in Mrs. P's comment that it seemed, as she was reading the pamphlet, that she was reading about Marcia. I thought it did show how universal some of these reactions were. Mrs. P had let her sister Marcia read the article too and she had made the very same comments that Mrs. P herself had made. She was awfully glad I had given it to her to read. I said that every now and then I saw some good articles about children, that I should be glad to give them to Mrs. P if she would like to read them. She said she would like it very much; she enjoyed reading things like that and then talking them over with me.

The following excerpts from interviews with the mother show the increasingly sound identification with Marcia. (Note her comments about a possible stepfather on page 212.) They also reflect Mrs. P's greater comfort within herself and this in spite of a trying period when Marcia, extremely clothes-conscious, compares her mother unfavorably with her Aunt Marcia, the teacher, and the caseworker. Mrs. P can also express her own resentment. This she has been able to do with greater and greater freedom throughout the treatment. Her negative feelings, however, have always been outweighed by her real desire to gain maximum understanding of how best to help her children.

... Mrs. P laughingly commented that her daughters would probably make a good housekeeper out of her yet. She compared Marcia with her father, saying they are both alike in that they wanted to have everything just so. Although Mrs. P was never a particularly good housekeeper, it didn't bother

Mr. P too much. However, when he did anything he had to have it absolutely perfect. He was meticulous about his clothing, never liked to have anything done in a sloppy manner, was very capable at doing everything around the house.

Marcia too was becoming very conscious of her clothing; for example, would not wear a dress two days in succession. Marcia admired Miss B's and Aunt Marcia's clothing very much and often greeted the latter with the expression "hubba-hubba." She was also always advising Mrs. P to take a good look at them and see how nicely they dressed. Marcia was particularly pleased with her new Easter outfit. With a red suit she thought she would look like Miss B. It was with real longing that Mrs. P said she wished sometimes her daughter would say "hubba-hubba" to her, but she just didn't rate as far as that was concerned. I said it was pretty tough sometimes, wasn't it, being compared with the people Marcia met? With a good deal of feeling Mrs. P said it certainly was. Several times she had been on the verge of saying to Marcia that she would like to know how Miss B would look if she had to stay home all day and cook and clean for two kids, but she hadn't said it, just said that she thought too that Miss B looked very nice. She liked Marcia to meet people like Miss B and her teacher, who knew how to do things the right way and, although it oftentimes got her goat a little bit, it was what she wanted for Marcia. I said that the people Marcia knew well like her teacher and Miss B were of course all people who went out to work. Of course, Mrs. P was right—maybe Marcia wouldn't think they were always so nicely dressed, were she to see them at home. Mrs. P realized she didn't rate very well with Marcia in that respect. Marcia didn't like her to wear housedresses, wanted her to wear high-heeled shoes. Once when Marcia said something like this to her, Mrs. P said that maybe she would be a "hubba-hubba" girl too, then who would take care of Marcia and Gertrude, if she spent all of her time dressing up and going out? Marcia said that would be all right as long as she didn't go near beer gardens. Marcia had seen so many people around the beer garden in their neighborhood that she seemed to have a horror of her mother's going into one of those places. She mentioned quite frequently that this was no place for a lady to go.

. . . The other day Marcia was talking with her aunt, told her that when she played in the "little room," (the room where Mr. P stayed after he became ill), she always thought of her daddy; she didn't really believe he died, but thought he was very sick some place in a hospital and was going to come back to see her sometime. Her aunt hadn't known quite what to do

about it, but had made some comment about the father's not coming back.

Marcia also seemed to have been thinking about what happened to people after they died. She asked her mother about this, wondering, for example, what would happen if Marcia were to die before she had grown up and if her mother didn't die until she was a very old lady and not strong. Would her mother then be able to care for her in heaven; if not, who would? Mrs. P was always so surprised when Marcia brought things like this out because she never seemed to be thinking much about her father. For example, when she was playing in the little room, she always seemed very actively engaged in doing something. It would be different if Mrs. P had ever seen her lying down just thinking, but she never had. I thought it certainly did show clearly how long a time it took for a child really to try to work out and understand something in her own mind. I said I imagined that from time to time Marcia was frightened about who would take care of her, recalling that it had come up around the time her great aunt died, leaving a little girl, that now since she did know her grandmother wasn't feeling well and saw the fall she had had on the street, this too might have made Marcia think about what would happen should she be left by herself.

The other night at dinner Marcia told her mother that they needed a man around the house; she ought to get married. The man wouldn't have to be her daddy, but Marcia would "respect him." Mrs. P was amazed at her use of that word, pointed out several instances lately to indicate that Marcia had been thinking about needing a man in the house. For example, in talking about going to the parade, Marcia had said they needed a man who could hold Gertrude so that she could see it. The same thing was true in her talking about the circus, when she said that her mother wouldn't be able to take care of both of them at the circus; they needed a man.

Somehow Marcia had the feeling that things at home weren't complete any more, weren't as they should be. I said yes, I thought she did. I thought probably there were many reminders for Marcia. For example, there were little instances Mrs. P had told me about in school when the teacher had had them address cards to their fathers and mothers—that always upset Marcia a bit. Just the other day, Marcia had asked Mrs. P if she would have to tell her second grade teacher that she didn't have a father. Mrs. P said she would not have to, now. Marcia concluded, however, that when you had to fill out those cards, they would know anyway.

Mrs. P cried as she said that by now she ought to be used to it, but she wasn't. I said no, I thought that with Mrs. P

as with Marcia, there were always little things coming up to remind her that things weren't the same. For example, when Aunt Marcia's fiancé was spending so much time at their house, it must have made Mrs. P realize so much how things were different since Mr. P wasn't there, how in time she would like to have someone else. She said yes, it would make things so much different. When Marcia had told her that she ought to marry again, Mrs. P said she didn't know anyone, people never came to their house, it was so different—you couldn't do the same things you could do as a couple. I said I knew it was one of the differences that Mrs. P must be feeling.

I again went back to Marcia, saying that in the beginning Mrs. P hadn't been quite sure how Marcia would take to a stepfather, but now the child thought maybe she could get to like someone even though she did love her daddy so much. I said Marcia could grow very fond of someone else, that it wouldn't mean she loved her daddy less, just as Mrs. P might find someone she would care for very much and it wouldn't mean that she cared less for Mr. P.

Mrs. P spoke of their plan to visit Mr. P's grave. She said Marcia wanted it very much and would like to make a day of it.

Marcia at 7 is about as typical a latency child as one can hope to find. Denial is still there but only a bit more than average. When Marcia uses this favorite mechanism of hers, she knows she is doing so and soon allows her real feeling to come through. She is a bit on the "strict" side, identifying with all that her culture considers right. A bit of the old exhibitionist is still in her but now she acts it out by being "clothes conscious" (both for herself and her mother). All in all, however, her behavior is well within the normal range. She is the joy of her teacher. The caseworker is now planning to follow her through the first few weeks of the second year in school because she is going to lose her understanding teacher and is to get a teacher who is rumored to be "difficult." The caseworker wants to be on hand if necessary to help her with any possible difficulties in this new adjustment. Then termination of treatment of Marcia will be considered. The casework with Mrs. P will go on, since many adjustments, economic and others, are still ahead for her. Gertrude's adjustment has been observed throughout and the caseworkers feel that better adjustment between Mrs. P and her older daughter has also been reflected in her handling of Gertrude, who is now a normal sturdy youngster of 3.

Summary

In presenting these clinical notes on Marcia, we have stressed the area of family casework which involves preventive work with the young child who has to face certain traumata as well as helping the mother to "grow up" with her children. This area perhaps received less attention until knowledge from psychoanalysis sharpened our appreciation of the many hazards that may impede, retard, or actually arrest the normal process of psychological development of a youngster. This awareness has also made us realize that the family agency may have a unique opportunity to prevent or reduce these hazards before the youngster actually becomes a problem and thus to save the individual, his family, and frequently society from unnecessary pain and destructive behavior. We feel that Marcia and her mother as well as Gertrude will be able to lead happier and more constructive lives because of this experience. While it is impossible to *prove* that Marcia could not have reached the same degree of adjustment that she did by her seventh birthday without treatment, our theoretical knowledge confirmed by practice strongly suggests that without help a child subjected to such traumata as Marcia was and reacting to her situation as Marcia did before treatment began was most unlikely to develop normally without help.

Our attention was called to this potential problem for Marcia through two avenues: first, knowledge of what any youngster needs in order to pass through the normal phases of psychosexual development to reach maturity, and knowledge of the implications of separation and loss of a parent; second, from direct observations and from the mother's reports of Marcia's behavior. Marcia's behavior directed our attention to the unhealthy defense mechanisms she used to cope with her inner needs and the demands of her environment. Of course, everyone uses defense mechanisms to achieve a balance. Everyone uses most mechanisms at one time or another but some belong more appropriately to certain periods of growth. It is the quantitative and qualitative use in relation to age and situations which needs to be evaluated. As we took all the above-mentioned factors and many more subtle implications into account, it seemed to us that Marcia's reactions against her mother and her difficulties with her oedipal strivings were exaggerated. At the age of 4½ Marcia was beginning to live out her oedipal strivings outside her

family rather than within. This is a dangerous symptom. Unless she was held back, and by this I do not mean held back by prohibition but by relationships in her own family, we might anticipate premature search for a lover or predisposition to sexual promiscuity. Her relationship to her mother and to women in general prior to treatment was becoming poorer rather than better. Already we noted that shallowness of affect which forebodes difficulties in human relationships in later life. She showed many domineering traits and possessiveness quantitatively out of proportion for her developmental age—a sign of possible regression to an earlier period.

Thus this treatment was aimed at improvement of the relationship between mother and child, since the child who has a satisfying relationship with the mother is less likely to have trouble and is less likely to turn to sexual delinquency in adolescence. We feel that this goal has been achieved in that, at age 7, after having passed through various phases, Marcia can now accept her identification with her mother without denial of her own feelings. She shows this identification when she remarks that her mother ought to get married. The man wouldn't need to be her daddy but she could respect him. In the early phase of treatment there were few, if any, traces of identification, this very important process that serves a child in subjugating his instincts. At first this could hardly be noted in any of Marcia's relationships; gradually it appears in identification with her father, Gertrude, and the caseworker, and finally with her mother. Instead we saw a somewhat alarming use of a mechanism sometimes confused with healthy identification, that of identification with the aggressor, which serves an entirely different purpose—to ward off danger coming from outside. In this way the child becomes the one who attacks her environment.

The other defense mechanism that particularly caught our attention and was modified through the treatment was denial. This was used as an escape from pain intruding from the outside world. Extensive use of this mechanism may alienate the child more and more from reality and decrease his power to overcome obstacles and to bear life's difficulties. Too extensive use of this mechanism drives the child to extend the denial until he applies it to difficulties within himself as well as to external conditions. In the case of Marcia we have been able to trace this mechanism and happily see it decrease

even when fate's blows did become harder. Marcia's extensive use of the denial defense at the height of her oedipal strivings made us feel that treatment was imperative. A child "has to learn to reconcile the demands of the id with those of the ego. He cannot accomplish this by the mechanism of denial but only by genuine reconciliation between the two opposing forces."⁸ For quite a period the prognosis for helping this child through psychotherapy other than analysis was guarded. The need for analytic treatment was conceived of as a real possibility. For this reason frequent consultations with a child analyst were deemed advisable, the material and diagnostic impressions were frequently reviewed, and even then the picture was not always clear until treatment had proceeded for quite some time and favorable responses were noted.

Other interests that were danger signals, such as preoccupation with illness, fear of even slight cuts and bruises, as well as masochistic desires, have become modified and are now well within the normal range. With the decrease of the latter we can also assume a decrease in anxiety. In the beginning Marcia showed her great preoccupation with sickness through her play with injections, enemas, and interest in injuries. This was probably brought about by the father's and grandmother's illnesses. We know, however, that her particular use of these in play had some connection with sexual feelings. Early in treatment this was not sufficiently recognized. Having been given insufficient help with these feelings, Marcia developed the idea that to be sick was to get attention; this seemed the way love was shown and on an even deeper analytic level this was the way one got sexual satisfaction. (I mention the latter theoretical possibility only to show how important it is to understand the dynamics and to watch these trends in the personality. For, if the sado-masochistic trend had been of such proportion as to invade a large part of the personality and thus impair growth, the working through of this would fall into the realm of analysis.)

Later in treatment we noted Marcia's punitive and strongly moralistic attitude. She was all for punishing everyone who was "bad." Of course this is to be expected in the early latency period but should die down, and the child should become more lenient and less accusing. If this does not happen the child may develop a more

⁸ Berta Bornstein, *op. cit.*, p. 166.

masochistic attitude and provoke accidents or court illness by putting herself (unconsciously of course) into dangerous situations. At the beginning of treatment we saw some of these sado-masochistic desires through her unruly and punishment-provoking behavior. As treatment progressed we could gauge movement by the decrease in both of these needs. In 1946 we see increased leniency with Gertrude, the caseworker, and the mother, and increased signs of identification with the mother's, the teacher's, and the caseworker's demands rather than her former punitive attitudes.

Direct work with the child was indicated and undertaken because of the afore-mentioned exaggerated reactions and the excessive use of certain defense mechanisms during the oedipal period which indicated to us that the child's problems had been internalized. I wish to emphasize that the work with the mother was equally as important as the direct contacts with Marcia. This we must remember would generally be true in work with the relatively normal child. It is our belief that Marcia's and her mother's treatment made possible normal psychosexual development for Marcia without serious psychic scars.

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